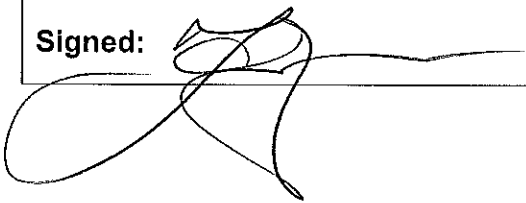


**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
FRIDAY 19 JUNE 2009**

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 the Board of Governors with an update on the Trust's performance against a range of key indicators.
Confidentiality Level & Reason:	N/A
Medium Term Plan Ref:	Affects all strategic aims.
Key Issues Summary:	To provide 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: 10 June 2009
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**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
TUESDAY 19 JUNE 2009**

PERFORMANCE INDICATORS REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

To present a final summary of 2008/09 performance against a range of key indicators including Care Quality Commission (CQC) targets, Monitor risk ratings and internal targets. Section 2 of this report includes further detail, including action taken to improve performance, for a number of indicators, including those where an indicator shows year to date performance as red or where the achievement of a target is considered to be high risk.

2. Healthcare Commission Framework

Indicator	Performance	Risk Assessment	Action Plan
A&E 4 hour waits	98.06% for the full year 08/09 against target of 98%.	MEDIUM Spikes in activity require this target to remain a medium risk.	Increased investment in A&E staffing was approved at the Chief Executive's Advisory Group in May. The pilot of the multi-specialty ward at Selly Oak is beginning to improve patient flow.
18 Week referral to Treatment	Performance in March met the target with 94.64% of admitted patients and 97.88% of non-admitted patients treated with 18 weeks. Data completeness was in line with the target at 93% for admitted and 92% for non-admitted patients. 97.7% of direct access Audiology patients met the target with data completeness of 104.9%.	MEDIUM Although the Trust has met the target for 2008/09, the key risk continues to be data completeness. This is the case across all Trusts in the West Midlands, particularly for Audiology.	Work continues to ensure that missing outcomes are recorded so that the clock stops required for data completeness are recorded accurately.

Indicator	Performance	Risk Assessment	Action Plan
New cancer targets introduced from January 2009	<p>January to March 2009 performance was 92.8% for the 14 day target under the new construction against national modelled performance of 93%.</p> <p>Performance against the 31 day target was 96.9% when all patients are included (i.e. subsequent and recurrent treatments) against national modelled performance of 98%.</p> <p>Performance against the 62 day target was 86.5% when all patients are included (i.e. referrals from screening and consultant upgrades) against national modelled performance of 86%.</p>	<p>HIGH</p> <p>The CQC has not yet released the thresholds for these targets. Monitor has advised that the modelled national performance included in a letter from the National Clinical Director for Cancer should be used until the final thresholds are available.</p>	<p>Systems are in place to identify cancer patients who fall within the remit of the new targets.</p> <p>MDT co-ordinators are meeting with operational managers weekly to track patients and to ensure that sufficient capacity is created to accommodate patients moving along the pathway. In addition clinical pathways have been reviewed to identify areas for improvement.</p> <p>The cancer tracking system has been upgraded to monitor the new targets. The new system is more user friendly, allowing easier tracking and reporting on patients as they progress along the pathway.</p>

The risk assessment of Thrombolysis target has been reduced from 'High' to 'Low' as the target was met in 2008/09 with performance of 75% against a threshold of 68%. Monitor and CQC guidance states that Trusts with fewer than 20 patients thrombolysed per year where thrombolysis is not the preferred method of reperfusion are excluded from this element of the target. Since the introduction of primary Percutaneous Coronary Intervention (PCI) in December 2008 only 2 patients have been thrombolysed at UHB, consequently this will not be a target for the Trust in 2009/10.

3. Year End Position and Annual Health Check Performance

3.1 Existing Commitments

The Trust has achieved all of the CQC's Existing Commitments in 2008/09. This will mean that the Trust should score 'Fully met' for this section of the Quality of Services element of the Annual Health Check.

3.2 National Priorities

The CQC has yet to publish full construction details and thresholds for a number of indicators within the National Priorities section. These include the indicators for stroke care, experience of patients, NHS staff satisfaction and the expanded cancer targets introduced from January 2009. The Trust has achieved all targets for which full details are available. As the CQC has not released the thresholds for all targets it is not possible to predict performance for this section with any certainty.

3.3 Core Standards

The Trust has declared 'Fully met' for the Core Standards declaration. However it is still possible that the Trust could be selected for inspection by the CQC. If the results of any selective inspection were found to be not in line with the Trust's declaration this could result in the Trust's declaration being qualified.

3.4 Overall Quality of Services Rating

The uncertainty around the National Priority Indicators and the possibility of a Core Standards inspection makes it difficult to predict the Trust's overall rating for Quality of Services at this time.

4. **Internal Key Performance Indicators**

Issues of exception for Trust-wide performance are listed below.

4.1 Customer Focus and Clinical Quality

Emergency readmissions within 28 days of discharge are higher than national rates. Work continues to increase participation in the electronic audit of readmissions which is currently underway. A working group, chaired by the Divisional Director, Division 3, has been established, including Health Informatics and consultant representatives from Divisions 2 and 3 to refine the content of the pro-forma, determine the best timing to request the information and resolve problems with the coding of the responsible consultant. The group has already amended the audit pro-forma to make it more user-friendly. The resolution of these issues should improve the response rate for the audit.

4.2 Business Processes

4.2.1 The Did Not Attend (DNA) rate for new appointments fell to 10.4% in March from 11.6% in February. This was the lowest monthly rate seen in 2008/09. The overall figure for the year was 12.9%. The DNA rate for follow-up appointments fell below the target of 10% to 9.8% in March from 11.3% in February. This is only the second month it has been below target in 2008/09. The overall figure for the year therefore fell to 11.2%. The introduction of partial booking for review appointments is currently being explored for a number of specialties where appointments are currently allocated by the Trust. This would allow patients to arrange an appointment that is convenient for them and should therefore result in a reduction in the DNA rate.

4.2.2 There was a fall in hospital-initiated cancellations of follow-up outpatient appointments in March to 8.9% from 10.2% in February. This is the lowest monthly figure seen in 2008/09. The overall year figure therefore fell slightly to 9.8%. The reintroduction of partial booking would also lead to a reduction in cancellations.

4.2.3 Theatre session utilisation showed a small decline in March 2009 to 90.3% from 91.9% in February. This is however still above the overall utilisation for the year of 86.2% and is the second highest monthly utilisation. The Director of Informatics & Patient Administration has initiated a theatre benchmarking exercise across the region to allow UHB's performance to be compared with peers and the sharing of good practice.

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