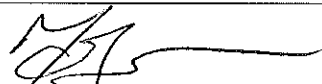
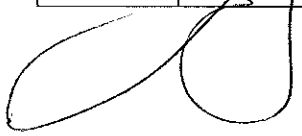


**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
MONDAY 21 SEPTEMBER 2009**

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 an update on Trust's performance against a number of key indicators, including Care Quality Commission targets, risk ratings against standards included in the Monitor Compliance framework and internal targets.
Confidentiality Level & Reason:	N/A
Medium Term Plan Ref:	Affects all strategic aims.
Key Issues Summary:	Provides an overview of performance against external targets and internal key performance indicators. Outlines changes in future performance indicator reports.
Recommendations:	The Board of Governors is requested to: Accept the report on progress made towards achieving performance targets and associated actions.

Signed:		Date:	10 September 2009
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF GOVERNORS
MONDAY 21 SEPTEMBER 2009

PERFORMANCE INDICATORS REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

To update the Board of Governors on the Trust's performance against a number of key indicators, including Care Quality Commission (CQC) targets, risk ratings against standards included in the Monitor Compliance framework and internal targets.

Additional information for indicators, including those where an indicator shows year to date performance as red is shown in Sections 3 & 4.

2. Review of Indicators Reported

2.1 At its June meeting, the Board of Directors approved a revised set of performance indicators which reflect the current CQC performance framework, Monitor requirements, and the Trust's internal priorities. The revised list of internal indicators was produced following consultation with the Divisions. This has resulted in a broad set of indicators within key priority areas that adequately represent the Trust's overall performance. The internal indicator groupings have also been revised; Workforce (split into Resources and Capability), Efficiency (split into Innovation and Process) Patient Care (split into the Darzi priorities of Patient Experience, Safety and Outcomes), and Governance (Outcomes and Annual Plan Progress). The indicators also include the quality priorities identified in the Trust's Quality Report for 2008/09 and high risk measures within the standard NHS contract between UHB and South Birmingham PCT for 2009/10.

2.2 A glossary of performance indicators is currently being compiled which will set out the rationale, construction, and thresholds for each indicator. This will be a 'live' document, constantly updated as the construction and thresholds of individual indicators change. The glossary will be made available on the Trust's intranet so that staff can consult it as necessary to confirm the construction and data sources for indicators. The glossary will be presented at the September Board of Directors meeting.

3. Care Quality Commission Framework

3.1 New cancer targets:

Final figures for Quarter 1 performance are now available. Until the CQC publishes its thresholds for the Periodic Review 2009/10, which has replaced the Annual Health Check, a threshold of 3% below the operational standard published by the Department of Health (DH) has been adopted internally for the amber/underachieved threshold. This is in line with the threshold used by the Healthcare Commission for the old 14 and 31 day targets.

The Trust saw 89.3% of patients who were urgently referred with suspected cancer within 14 days against the DH's target of 93%. 96.7% of first treatments for cancer were given within 31 days of a decision to treat against a target of 96%. For subsequent treatments 95.5% of surgical treatments and 97.7% of drug treatments were given within 31 days of a decision to treat against targets of 94% and 98% respectively.

For the 62 day urgent referral to first treatment target, 83.4% of patients met the target against a threshold of 85%. The DH has not set a target for patients referred by another consultant but 89.5% of patients were treated within 62 days of referral. For patients referred from a national screening service 95.2% of patients were treated within 62 days against a target of 90%.

Work is underway to apply the local access policy for urgent cancer referrals and this is expected to improve performance against the 14 day target from July 2009. A number of different actions are being explored to improve performance against the 31 and 62 day targets; these are currently being modelled against Quarter 1 performance to determine which would be most effective; these will then be implemented to improve performance by Quarter 3.

3.2 A&E 4 Hour Wait and 18 Weeks Targets

These targets were included in the June report to the Board of Governors are no longer considered exceptions. The A&E 4 hour wait target has been met consistently on a monthly basis since February 2009 and the 18 week referral to treatment targets have been met consistently since they were introduced in January 2009.

4. Internal Key Performance Indicators

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

4.1 Workforce

4.1.1 **Sickness:** The short term sickness rate in June 2009 was 3.19% against the Trust target of 2%. This has resulted in the year to date rate increasing to 2.47%. The increase may be attributable

to the flu pandemic as there has been an increase in staff being unwell with flu-like symptoms. Human Resources (HR) is implementing a daily return to capture an accurate picture of the number of staff in the Trust who are off sick with suspected influenza. A detailed interim procedure to deal with any staffing crisis that may result from the influenza pandemic has also been developed.

4.1.2 Agency: The agency rate in July rose to 3.25% from 2.80% in June. Agency levels continue to be high due to national shortages in consultants for certain specialties; consultant posts filled by agency, lead to a large increase in the agency rate due to the high associated cost. Some posts that were being held open in Theatres for RCDM staff have been filled from the beginning of August and further nursing posts are expected to be filled by newly qualified staff in September. HR continue to review agency levels with line managers and cross reference this to their vacancies to ensure they are appropriate.

4.1.3 PDRS: As at June 2009 46.6% of eligible staff had completed a PDRS review within the last 12 months; this is a small increase on 45.4% in May. The pilot in Division 3 where managers are given a monthly target for PDRS has so far resulted in a month-on-month increase in PDRS completion. If this pilot is successful it will be rolled out to the other Divisions.

4.1.4 Induction: Corporate induction attendance for the year to date to June has risen slightly to 91.1% from 90.5% in May although this is still below the Trust target of 95%. Local induction completion has risen to 72.7% from 57.8% for the same period. Improved monitoring and reporting arrangements have contributed to this increase.

4.2 Efficiency

DNAs: There was a rise in DNAs of 0.1% from May to June 2009 for new appointments and a rise of 1.4% for follow up appointments. Work is underway with the Divisions and hotspot specialties to ensure the local access policy is being applied. In addition, contact has been made with peer trusts where there is good performance against this indicator.

Theatre Utilisation: List utilisation showed a reduction from May to June 2009 of 3.2% and session hours utilisation showed an improvement of 5.1%. Work continues to improve data quality and a process for weekly validation has been implemented for list utilisation. User training needs around data entry are also being addressed.

4.3 Patient Care

Hospital Initiated Cancellations: Cancellations for follow up appointments reduced by 0.2% from May to June 2009 to 9.0%.

Slot Availability: The 2009/10 standard NHS contract between the Trust and South Birmingham PCT contains a 10% maximum target for slot unavailability. June performance of 16.9% is in line with May but shows a significant reduction compared to April's performance of 20.9%. Year to date performance is now 18.4%. An action plan has been developed focussing on increasing clinic capacity and publishing further slots on the Choose and Book system.

Omitted Drugs: As part of the Trust's priorities identified in the Quality Report for 2008/09, the Trust committed to reducing errors particularly medication errors. The metrics currently being assessed are the number of antibiotic and non-antibiotic medication prescribed but not administered. An automated e-mail process has been established whereby senior staff are notified of performance based on the rate of omissions. A recent change in functionality on PICS enables clinicians to pause prescriptions for clinically appropriate reasons.

Readmissions Audit: The questionnaire for the electronic emergency readmissions audit has been reviewed with involvement from clinicians. The revised proforma will be relaunched to ensure improvement in compliance with the audit. Performance will be managed as a hard metric via COOG. Qualitative trends are reviewed at the monthly CQMG. Any issues of concern will be identified to the Board of Directors by exception and assurance around resolution of these issues will be provided.

Elective deaths: A process has been established which identifies any elective inpatients that subsequently die during their inpatient admission. An online questionnaire has been developed and is sent directly to the clinician whose care the patient was under. The questionnaires are routinely reviewed at the CQMG. Trends and issues of exception are identified and discussed further with the clinician if necessary.

Patient Experience: An exercise has been carried out to identify all the wards within the trust that have the facility to enable patients to feedback via bed side terminals on their experience whilst in the Trust. On those wards that do not have this facility some small amounts of feedback have been obtained via a different method using handheld mobile devices. The level of patient experience feedback across the trust is around 2-3% of the total patients that are admitted. This then varies by ward from 0% to one particular unique ward for May, having 31.25% of patients feeding back on their experience.

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

2009/10 Key Performance Indicator Report

Where data is not currently available indicators have been assigned 'amber' unless considered high risk where they have been assigned 'red'.

National Performance			
<p>Monitor Governance Rating</p>	<p>Care Quality Commission Existing Commitments</p>	<p>Care Quality Commission National Priorities</p>	<p>Core Standards</p>
Efficiency			
<p>Resources</p>	<p>Capability</p>	<p>Innovation</p>	<p>Process</p>
Workforce			

