

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
TUESDAY 22 JANUARY 2013**

Title:	PERFORMANCE INDICATORS REPORT
Responsible Director:	Executive Director of Delivery
Contact:	Andy Walker, Strategy & Performance Manager Daniel Ray, Director of Informatics
Purpose:	To update the Council of Governors on the Trust's performance against the Monitor Compliance Framework indicators, national and internal targets and CQUINs.
Confidentiality Level & Reason:	N/A
Annual 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">• MRSA• <i>Clostridium difficile</i>• A&E 4 Hour Waits• CQC Essential Standards – Outcomes 9 & 16• Operations Cancelled on the Day of Surgery• Mandatory Training• Long-Term Sickness• WHO Checklist• Omitted Drugs <p>Further details and action taken are included in the report. An update is also included on the Trust's CQUINs for 2012/13.</p>
Recommendations:	<p>The Council of Governors is requested to:</p> <p>Accept the report on progress made towards achieving performance targets and associated actions.</p> <p>Accept the report on progress with the Trust's CQUIN schemes.</p>
Signed:	Date: 9 January 2013

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
TUESDAY 22 JANUARY 2013

PERFORMANCE INDICATORS REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. Purpose

This paper updates the Council 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. Performance Exception Reports

The Trust continues to be monitored by Monitor under its Compliance Framework. As previously reported, in Quarter 2 the Trust achieved all targets included in the Compliance Framework apart from *C. difficile*. The Trust exceeded its trajectory for the Quarter and therefore received a Monitor Governance Rating of 'Amber-Green' for Quarter 2.

A summary of current performance against the national indicators is shown below and additional detail is contained in Appendix A.

Target Regime	Areas	Green	Amber	Red
Monitor Governance Rating	15	12	0	3
NHS Operating Framework Indicators not used by Monitor	5	5	0	0
CQC Registration Outcomes	16	14	2 Amber-Green	0

Exception reports are contained below for national targets where performance is of concern.

2.1 MRSA

In October there was one post-48 hour MRSA bacteraemia and there was a further case in November. The Trust's year to date performance to 30 November was five cases. The Trust has therefore exceeded all its trajectories (internal, contractual and Monitor) for Quarter 3 and the year to date. The current total of five cases is in line with the Trust's full year trajectory. Please see the Chief Nurse's Quarterly Infection Control Report for further details and action taken.

The Trust did not declare a risk to achievement of this target in its Annual Plan Return to Monitor. Provided the Trust remains at or below Monitor's *de minimis* limit of six cases the Trust's Monitor Governance Rating will not be affected and no formal regulatory action will be taken. If the Trust exceeds both its full year trajectory and the *de minimis* limit (i.e. seven cases or above) Monitor will apply a "Red" rating and will consider the Trust for escalation. Performance is included in the CQC's Quality and Risk Profile (QRP) and could trigger a targeted inspection against the Essential Standards.

2.2 C. difficile – Regulatory, Contractual, Financial and Reputational Risk

In October 2012 there were 8 cases of C. difficile infection which are attributable to the Trust's trajectory and in November there were 4 cases. As of 30 November the Trust had therefore had 55 cases for the year to date against a trajectory of 50.7 cases. Please see the Chief Nurse's Quarterly Infection Control Report for further details and action taken.

The Trust declared a risk to achievement of this target in its 2012/13 Annual Plan Return to Monitor. Performance for Quarter 2 was above trajectory therefore the Trust's Monitor Governance Rating for the quarter was "Amber-Green". Above trajectory performance for three consecutive quarters or where performance exceeds the Trust's full year trajectory may lead to a "Red" Governance Rating.

Weekly numbers of cases are published on data.gov.uk and published quarterly by the Health Protection Agency. The Trust's contracts include financial penalty associated with above trajectory performance for the full year. This equates to 0.2% of contract income for every 1% the Trust is over trajectory, up to a maximum fine of 2% if it is 10% over trajectory. If the Trust is a single case over trajectory it will face a fine of around £836k. The maximum fine of £8.3m would apply if it is 8 cases (i.e. the 10% maximum) above trajectory by year end. There is however a provision in the contract that the Trust will not be subject to a penalty if it can be proved that the increase in cases is due to the introduction of the new testing regime. Performance is also included in the CQC's Quality and Risk Profile (QRP) and could trigger a targeted inspection of the Trust against the Essential Standards.

2.3 A&E 4 hour waits

93.5% of patients spent 4 hours or less in the Emergency Department (ED) in October. The 95th percentile time was 323 mins against the 240 min target. The 95th percentile time to assessment was 39 minutes against the 15 minute target and the median time to treatment for ambulance patients was 65 mins against the 60 minute target. The Trust saw its highest ever monthly total number of Emergency Department attendances in October at 8312, 3.6% greater than September and 8.8% higher than October 2011.

Actions are in place around escalation and ensuring the prompt review and treatment of specialty patients. Additional management support has been provided. The physical space available for the Acute Medical Clinic has been increased allowing additional throughput. The nursing levels for See and Treat have been reviewed and the Extended Nurse Practitioner role has been implemented in See and Treat with initial cover 5 days a week and a 7 day a week service from December.

Failure to achieve the target for a single quarter would reduce the Trust's Monitor Governance Rating to, at best, "Amber-Green". If the Trust is above trajectory for three quarters it will receive a "Red" rating and Monitor will consider escalation.

This target is also subject to the usual escalation processes as part of the Birmingham and Solihull Cluster's management of the Trust's contract. The Local Area Team of the NHS Commissioning Board has intervened in the Birmingham and Solihull Cluster's contractual management of UHB's performance against the A&E Clinical Quality Indicators, requesting an update on the Trust's actions to improve performance.

A&E performance is published on a weekly basis by the Department of Health and there may be negative publicity associated with the Trust's failure to achieve this target. This must however be set against poor performance against this target nationally recently; the target has not been met for Type 1 A&E Departments on a weekly basis since the beginning of October.

2.4 CQC Essential Standards Outcome 9: Medicines Management

In June and July 2012 manager and director leads reviewed the Trust's compliance against the 16 Care Quality Commission 'core' Essential Standards of Quality and Safety. The Trust was judged to be compliant with all standards. However for Outcome 9: 'Medicines Management', the Medical Director requested further assurance of the robustness of certain processes. This standard is therefore rated Amber-Green.

A senior pharmacist has been given the responsibility of gathering and reviewing evidence of Pharmacy compliance. This process was completed in December and an action plan has been developed and is in place.

2.5 CQC Essential Standards Outcome 16: Assessing and Monitoring the Quality of Service Provision

The report of the Trust's CQC inspection has now been published and the Trust has submitted its action plan. The report, as expected, identifies concerns relating to the use of the WHO Checklist in Theatres which forms part of Outcome 16: 'Assessing and Monitoring the Quality of Service Provision'. The failure to achieve the standard was judged to have a 'minor' effect on patients. This standard will remain 'Amber-Green' until the CQC confirms compliance.

Weekly audits of compliance with the checklist have been introduced at the request of Birmingham Cross-City CCG to allow ongoing monitoring of performance in this area. The results of these are now included as an internal KPI and the Trust has shown above target performance in recent weeks.

3. Internal Performance Indicators

Local indicators continue to be monitored in a number of areas that reflect the Trust's priorities and contractual obligations. A summary is provided in Appendix A. Performance against the internal indicators is detailed overleaf:

Internal Indicator	Areas	Green	Amber	Red
Clinical Quality & Outcomes	10	9	1	0
Patient Experience	8	6	2	0
Workforce	11	4	5	2
Research & Innovation	5	4	1	0
Workforce Resources	5	3	1	1
Efficiency	5	3	2	0
Safety	7	5	0	2
2012/13 Annual Plan Progress	16	11	4	1

There has been no additional data available on Foundation & Core Medical Trainees Attending Protected Teaching since the last report therefore no exception report is included. The actions outlined in the last report continued to be implemented. Exception reports are included on cancelled operations as this is a contractual risk and the WHO checklist as this links to the exception relating to CQC Outcome 16. Exception reports for these indicators and those which are currently 'red' are below:

3.1 Patient Experience

3.1.1 Operations Cancelled on the Day of Surgery – Contractual Risk

In October there were 42 elective operations cancelled on the day of surgery for non-clinical reasons. The Trust's performance against the national target was therefore slightly above target at 0.82% against the 0.8% target. The main causes of cancellations continue to be because an emergency or transplant case took priority in theatre (particularly in Liver Surgery) or a Critical Care bed was not available (particularly in Cardiac Surgery).

Work is being undertaken to set up a back up theatre for Liver so that surgery can continue even if there is a transplant case is underway. In Cardiac Surgery the opening of an 18th Critical Care bed for the specialty will increase availability. In addition the option of staffing Cardiac Theatres for longer is being explored so that if a Critical Care bed becomes available later in the day surgery is still able to proceed.

3.2 Education and Training

3.2.1 Mandatory training

As of 31 October 5 of the 13 mandatory training indicators were above target (fire, blood transfusion, equality and diversity, major incident and managing risks). October performance improved for all indicators except PICS training. A competence test is currently being developed for this training which will ensure staff are competent and identify any training needs. Staff are now being targeted for invitation to attend the mandatory training sessions of which there are four per month. Work continues to identify which training medical staff should attend and improvement is expected once this scoping is completed.

3.3 Workforce Resource

3.3.1 Long-Term Sickness

In September long-term sickness fell to 2.01% from 2.44% in August. This was however above the target of 1.8%. 192 staff across the Trust were off long-term sick during September compared to 219 in August. The most common reasons for long term sickness continued to be stress/anxiety/psychiatric problems and musculoskeletal/back problems. Short term sickness continued to be below target in September at 1.61% against the 1.8% target.

Members of staff whose absence triggers the stages of the Trust's Sickness Absence Procedure continue to be actively managed. As of 31 October the Employee Services Team within HR were managing 654 absence cases with 125 being long term and 50 being having elements of both long and short term sickness. In October 73 new cases were referred to HR for support and these are managed in line with the Procedure.

3.4 Safety

3.4.1 WHO Checklist – Reputational Risk

Following the recent CQC inspection and at the request of the Trust's commissioners a weekly audit of the WHO checklist has been instituted and this is now being reported as a KPI. As of 25 November performance for the last three consecutive weeks has been above the contractual target of 95%.

Daily checks of compliance with use of the checklist have been put in place. This daily audit is analysed weekly and reported at Div A Management meeting. An incident reporting form specific to the WHO checklist has been developed and implemented with daily notification to all accountable Div A managers for review and action. Weekly meetings with theatre team leaders and a monthly Band 6 staff meeting also discuss the audit outcomes. A dashboard showing performance for each element of the audit by operating theatre is also now available. A validation audit of paper notes is also underway.

Two episodes of non-compliance with the checklist will trigger a Divisional Root Cause Analysis (RCA) investigation; continued non compliance will require a review at the monthly Corporate Executive RCA meetings. Non-compliance by individuals or within a theatre is immediately managed by Theatre CSL and Matron.

3.4.2 Omitted Drugs

Performance in October continued to be above trajectory for both omitted antibiotic and non-antibiotic drugs. The target for Q4 2012/13 is 2% for antibiotics and 5% for non-antibiotics.

Significant numbers of omissions continue to be due to patients being in theatre and patients who have been clerked in the Emergency Department and admitted on PICS but who have not yet left the department. It is not expected that there will be a further step change improvement in performance until PICS is available in these areas however the development work to support this roll out is likely to take up to 18 months. The revised target is therefore being revisited to see whether it is still appropriate.

A new member of the Informatics Team has commenced to support the consultants leading on junior doctor performance. The clinics to support juniors with performance issues including omitted drugs will commence within the next month.

4. CQUINs

The overall value of the CQUIN schemes agreed for 2012/13 is £10.2 million. Performance is shown in Appendix B and data has been provided to October where available. Current exceptions and issues of note are detailed below:

4.1 Stroke Swallow Screens

The following actions have been agreed with the Chief Operating Officer and are being implemented in order to drive the improvement required for this indicator:

- a) Training – identified staff in ED to be trained by the Speech and Language Therapy Team by the end of November to ensure 24 hour coverage. This will also include competency sign off.
- b) Process – flowchart to be agreed by Divisions C and D confirming the process for undertaking swallow screen 24/7. This will be appropriately communicated with the team and incorporate how the information on the screen will be collected and stored.
- c) Data Capture and Reporting – work in place to ensure swallow screens are accurately recorded on CAS cards. Division D have implemented weekly reporting of performance against the target.

A revised process commenced from the beginning of December to ensure delivery over Quarter 4 in line with the CQUIN requirement. The Chief Operating Officer is regularly reviewing progress.

4.2 Cardiac Surgery within 7 Days

Correspondence has been received from the Specialised Commissioning Team stating a target of 80% to deliver over quarter 4 2012/13. The Division has confirmed acceptance of this target and are confident that it can be met.

4.3 Dementia

The Dementia CQUIN went live on PICS in December 2012. Doctors are now not able to prescribe until the screening question is completed. Also, an indicator is being added to the junior doctor monitoring tool to monitor non-completion of this component. Also, "My Area Yesterday" on the Clinical Dashboard will include completeness of the screening and assessment of cases. Sessions are being undertaken with relevant staff to raise awareness and CQUIN requirements of the indicators.

4.4 Patient Experience

Data for questions 1d and 1e is reliant on the Discharge Survey. Following implementation of the revised postal survey (previously was a telephone survey), the response rate is much better and the results are therefore more reliable. The report of the pilot survey was presented to the Discharge Quality Group in November.

4.5 Friends and Family

October performance is on trajectory for the Friends and Family Score (F&F) and the response rate remains above target for the Trust. However, there remains significant variability when comparing wards in terms of response rate and the actual Friends and Family Score. The following actions have been implemented:

- a) Low performing wards have been identified by the Patient Experience Facilitators. Meetings have been arranged with the Ward Managers of these wards to develop action plans to increase response rates.
- b) Lead Patient Experience Champions are being identified for each ward. Their role will be to lead the patient experience agenda within the ward. This will include raising awareness amongst staff of the need to encourage patients to complete the bedside survey on their day of discharge.
- c) Asking the patient to complete the bedside survey as part of the discharge checklist.

Guidance has been issued by the DH with regard to F&F roll out in 2013/14. The F&F question must be implemented in the Emergency Department from April 2013 and a number of changes are proposed with regard to how the existing survey is carried out. A meeting was held with the Executive Chief Nurse to discuss and agree the Trust's implementation plan in line with the guidance and the requirement to undertake a pilot to test out the process.

4.6 Pressure Ulcers

The Trust has received a response from commissioners accepting the 5% target reduction for grade 3 and 4 avoidable ulcers on the proviso that a detailed action plan is provided for hot spot wards, progress reports for these areas, and a Trust plan for continued monitoring and improvement in 2013/14. The 5% reduction target would translate to a maximum of 74 cases over Quarter 2 to Quarter 4 2012/13. Performance in Quarter 2 2012/13 has improved where 21 cases of avoidable grade 3 and 4 ulcers were reported (average of 7 per month) compared to 25 in Quarter 4 2011/12 and 27 in Quarter 1 2012/13. A further reduction was seen in October to 5 cases. For the remainder of the year, the target would allow a maximum of 42 cases. Implementation of the action plan continues.

5. **Recommendations**

The Council of Governors is requested to:

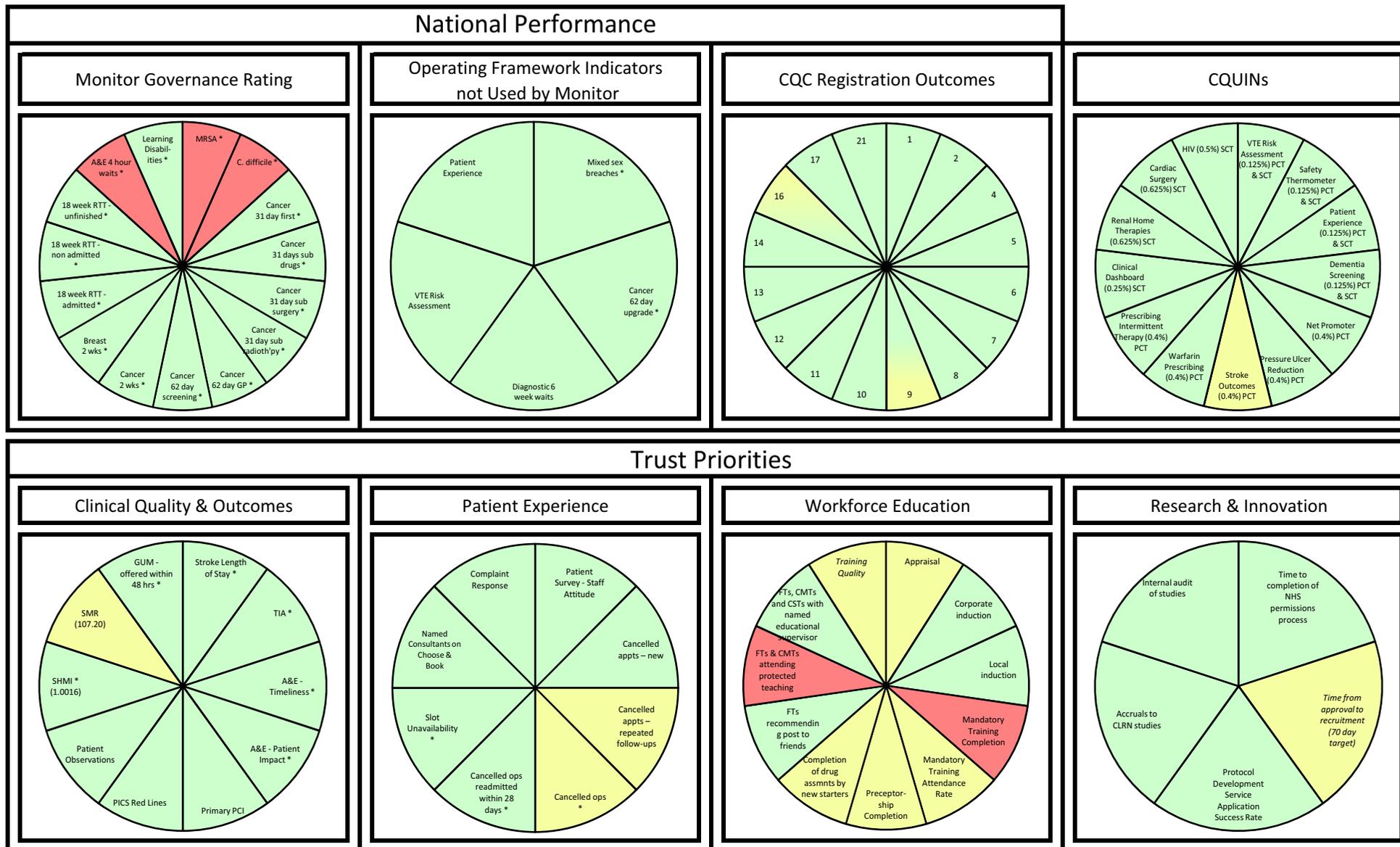
- 5.1 **Accept** the report on progress made towards achieving performance targets and associated actions.
- 5.2 **Accept** the report on progress with the Trust's CQUIN schemes.

Tim Jones
Executive Director of Delivery

2012/13 Key Performance Indicator Report

Where data is not currently available or performance is being benchmarked indicator names are in *italics*. These have been assigned 'amber' unless considered high risk where they have been assigned 'red'.

* Indicators included in the acute contract.



Local Indicators

