

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 19 JULY 2012**

Title:	PERFORMANCE INDICATORS REPORT
Responsible Director:	Executive Director of Delivery
Contact:	Andy Walker, Divisional Planning 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"> • <i>C. difficile</i> • Cancer – 62 day GP referrals • Quality of Stroke Care • Genito-Urinary Medicine patients seen within 48 hrs • Consecutive Follow-Up Appointments Cancelled • Operations Cancelled on the Day of Surgery • Slot Unavailability • Mandatory Training <p>Further details and action taken are included in the report and Appendix B.</p> <p>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: 10 July 2012

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COUNCIL OF GOVERNORS
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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. Exception reports

The Trust continues to be monitored by Monitor under its Compliance Framework. A number of changes have been made to the Trust's performance indicator framework for 2012/13 to reflect changes in the Compliance Framework and the removal of a number of targets from this year's NHS Operating Framework.

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	13	2	0
NHS Operating Framework Indicators not used by Monitor	5	5	0	0
CQC Registration Outcomes	16	16	0	0

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

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

The Trust has a significantly lower threshold in 2012/13 – 76 cases compared to the 2011/12 outturn and threshold of 85 and 114 respectively. Following the national requirement to introduce two-stage testing the definition has been changed from including all post-48 hour cases to including only those cases that would have been identified by previous testing regime. The Trust has been above its trajectory of 6.3 Trust-attributable cases in both April and May with 7 cases in both months. June performance is however below threshold so the Trust will be below trajectory for Quarter 1 as a whole.

Please see the Chief Nurse’s Infection and Prevention Control Report for further details.

2.2 Cancer – 62 day GP referrals

April performance for GP referrals was 82.1% against the target of 85%. Performance is however expected to be above target in May so the Trust will be above target for the year to date.

Large numbers of late tertiary referrals continue to be received from other trusts. In April 60% of patients not treated within 62 days of referral were late referrals. The breach rate for tertiary referrals was 34.4% but only 10.8% for direct referrals. When late referrals are excluded the Trust is comfortably achieving the target. April performance would be 89.7% if all late referrals were reallocated. The Trust is therefore continuing to pursue the establishment of a reallocation system. The agreement of other local trusts to the introduction of reallocations has been gained and the Trust is now working with the Pan-Birmingham Cancer Network to develop an operational policy and reallocation system to support this. As part of contract monitoring the Trust is reporting performance with late referrals reallocated.

Although late referrals cause the greatest number of breaches the Trust continues to work to improve internal pathways to allow patients to be treated more promptly. This includes the introduction of prioritised slots for MRI and Endoscopic Ultrasound to ensure that the diagnostic phase of the pathway is concluded rapidly.

Root Cause Analysis of all breaches continues to be undertaken to ensure that all trends in breaches are identified and action taken in response.

3. **Internal Indicators**

Local indicators continue to be monitored in a number of areas that reflect the Trust’s priorities and contractual obligations. The Trust’s contract with NHS South Birmingham and proposed contract with the Midlands and East Specialised Commissioning Group (SCG) as the Trust’s primary commissioners also contain a number of changes. A summary is provided in Appendix A. Performance against the internal indicators is detailed overleaf:

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

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

3.1 Clinical Quality

3.1.1 Stroke

In May, 72% of stroke patients spent 90% or more of their length of stay (LOS) on the stroke unit compared to the contractual target of 80% of patients. Over the month there were 50 stroke patients admitted to the Trust which is the highest monthly activity seen to date.

A review of the complete pathway has been undertaken and was presented together with an action plan and strategy for the service at the Chief Operating Officer's Group in May. There will be a renewed focus on facilitating direct admissions to the stroke unit. In addition, procedures are being put in place to ensure there is a rapid pathway off the stroke unit for those patients who have a final diagnosis other than stroke. A live dashboard is also under development showing all patients on the stroke unit and details of their pathway so far, including LOS performance.

3.1.2 Genito-Urinary Medicine patients seen within 48 hours

In May 99.1% of patients offered an appointment within 48 hours against the 98% target however only 80.1% of patients attended within 48 hours against 85% target.

Limited capacity is thought to have meant that patients were offered a smaller selection of appointments so were more likely to DNA a less convenient appointment. Capacity fell due to reduced medical staffing because of a national shortage of registrars in the specialty. The service is in the process of recruiting Junior Specialist Doctors to replace registrar posts. An Associate Specialist vacancy that has not been recruited to twice due to a lack of suitable applicants has also now been filled with an August start date.

3.2 Patient Experience

3.2.1 Consecutive Follow-Up Appointments Cancelled

In May 15.4% of patients who had a follow-up outpatient appointment rearranged had it rearranged on more than one occasion.

A trial has been taking place in the Grown-Up Congenital Heart Disease service of using holding appointments which has proved successful. This system is now to be rolled out to Endocrinology and Burns and Plastics in July 2012 and the effects should be seen three months after implementation.

3.2.2 Operations Cancelled on the Day of Surgery

In May there were 45 elective operations cancelled on the day of surgery for non-clinical reasons. The two main causes of cancellations were lack of theatre time and cancellations due to a lack of a critical care bed. A significant factor was increased inpatient activity. In April and May activity was 5.6% higher than the same period in 2011/12.

The listing of patients, particularly short cases, is currently being reviewed on a specialty-by-specialty basis. Data on the cancellation of patients due to no critical care bed available is also being analysed. Theatre utilisation, late starts and cancelled operations will be included in next review by the Planning and Performance Team and reported to Chief Operating Officer's Group in August.

The target was achieved in June 2012 for the first month since December 2011.

3.2.3 Slot Unavailability

In May there were 19.04 unavailable slots per 100 successful bookings using the Choose and Book system. GP utilisation of the system for referrals to UHB continues to be low – it was 34.3% in May compared to national average utilisation of 50.4%.

Analysis is currently being carried out of the capacity required to meet C&B demand in specialties with large numbers of unavailable slots. This has been modelled in Dermatology and clinic capacity is currently being realigned so it cannot be filled with paper referrals. This modelling will now be rolled-out to the other specialties with high numbers of slot issues.

3.3 Education & Training

3.3.1 Mandatory Training Completion

This indicator now includes further types of training to meet NHS Litigation Authority requirements. May performance showed improvement on all but 4 of the 15 indicators now included.

Trajectories have been set to meet the target of 90% by November 2012. All mandatory training leads have been given an analysis of capacity required to achieve the target in line with trajectory. The Education & Training Team is working with leads to ensure that at least this level of capacity is available.

4. **Commissioning for Quality and Innovation Schemes (CQUINs)**

The overall value of the CQUIN schemes agreed for is £10.2 million. Current exceptions are:

4.1 Renal Home Therapies

Performance against the home haemodialysis component is 1 case under trajectory. A conservative target of 6 additional patients has been negotiated with commissioners so it is expected that the overall trajectory will be met. Also, 2011/12 saw a high level of over-performance against this element of the CQUIN target.

4.2 Patient Experience (Local Questions)

Performance is below trajectory for May. The main questions that need to deliver an improvement relate to noise at night and conflicting information. Performance against this CQUIN is being driven via the Care Quality Group supported by the divisional action plans.

4.3 Friends and Family (Net Promoter)

The CQUIN includes a requirement to deliver an improvement of 10 points from the Trust's April 2012 baseline of 59.7 or maintain performance in the regional top quartile of 71. Regional performance, however, includes all trusts therefore the Trust's contract with Birmingham and Solihull NHS Cluster specifies performance improvement against a peer group average. Peer group performance for April has been requested from the SHA and is awaited.

May 2012 performance has since been published at Trust level and shows the Trust score to be 53.3 against a regional average of 63 (see Appendix B). The average of Midlands teaching hospitals is 51.4. Another requirement of the CQUIN is that the Trust must clearly demonstrate reporting of patient experience including Friends and Family Score (broken down to organisational, speciality and ward level) to the Board of Directors and there must be evidence of Board challenge and actions relating to improvement.

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