

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 16 MAY 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 targets, 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"> • Quality of Stroke Care • Delayed Transfers of Care • A&E Clinical Quality Indicators • Slot Unavailability • Mandatory Training • Completion of Drug Assessments by New Starters • Foundation and Core Medical Trainees attending teaching • Short-Term Sickness • External Agency & Bank Spend <p>Details of exceptions and action taken are included. The Trust is currently in line with its milestones for all CQUIN schemes for 2011/12 with the exception of renal home therapies. Achievement of the falls management CQUIN is currently under review by the Trust's commissioners.</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: 2 May 2012

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
WEDNESDAY 16 MAY 2012

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. Monitor decided not to include the stroke and TIA indicators in its Compliance Framework therefore these have moved to the section of Operating Framework targets not included in the Monitor regime.

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	14	14	0	0
NHS Operating Framework Indicators not used by Monitor	19	14	2	3
CQC Registration Outcomes	16	16	0	0

Exception reports are contained below for national targets where performance is of concern. All cancer targets have been achieved for the 2011/12 as a whole therefore these are not included as exceptions.

2.1 Quality of Stroke Care – Regulatory & Contractual Risk

Final February performance for the stroke length of stay target is 67.4% including Moseley Hall Hospital length of stay (MHH LOS). Draft March performance is 78.6% including assumed MHH LOS. Year to date performance has therefore increased to 77.2% against the 80% target.

A review of the complete stroke pathway, including transfer to Moseley Hall Hospital is currently underway and should be completed by the end of the month. Alongside and in response to this work Division D is developing an overarching strategy for stroke services which will include plans to achieve the target on an ongoing basis.

In the meantime the specialty has initiated a daily meeting on the Acute Stroke Unit each morning to make decisions and co-ordinate care of

stroke patients, including those not yet on the Unit to allow their transfer to the unit to be expedited. The Stroke Team is working with the Clinical Decision Unit to ensure that stroke patients are rapidly moved to the Stroke Unit, particularly for those patients who are admitted as GP referrals direct to CDU rather than via the Emergency Department. The Trust also continues to work with Birmingham Community Healthcare NHS Trust to develop a model for Early Supported Discharge that is effective and sustainable.

2.2 Delayed Transfers of Care – Contractual & Reputational Risk

At the end of March there were 38 patients whose discharge was delayed which gives performance of 3.82% against the 3.5% target. Year to date performance however remains above target at 4.59%.

An improvement has been seen in the number of patients awaiting assessment as Social Services have streamlined their services. Social Services has continued to move patients to interim care beds where patients can be transferred for 6 weeks until substantive funding is agreed. The interim beds are currently funded until the end of June 2012. Improved enablement services have reduced the number of patients waiting for domiciliary care.

2.3 A&E Clinical Quality Indicators – Regulatory, Contractual and Reputational Risk

In March the Trust saw an improvement in both the Total Time in A&E indicator which fell from 240 minutes to 238 minutes against the 240 minute target and Time to Treatment which saw performance fall to 56 minutes from 58 minutes against the 60 minute target.

The 95th percentile Time to Assessment also saw an improvement, falling to 26 minutes against the 15 minute target. The changes in the reporting of the assessment time have now been introduced whereby the time is now recorded as soon as patients leave the ambulance queue. Actual performance, as well as the accuracy of reporting has also improved. Performance for April, as of 2 May, shows that 95% of patients were assessed within 15 minutes. If this level of performance continues it will be the first month that this target has been met.

The unplanned reattendance rate within 7 days in March was 6.66% compared to the target of 5%. All re-attendances continue to be reviewed by a consultant and case reviews held for the ten most frequent reattenders. In addition to the actions outlined in previous months a patient survey is to be carried out of patients who reattend to identify the reasons why they do. Work is also underway to improve the quality of information provided to patients to ensure that they are clear about when it would be appropriate for them to come back.

3. Internal Indicators

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

Internal Indicator	Areas	Green	Amber	Red
Clinical Quality & Outcomes	13	9	4	0
Patient Experience	7	4	2	1
Education & Training	10	6	1	3
Research & Innovation	6	5	1	0
Workforce	5	2	0	3
Efficiency	6	2	4	0
Safety	6	5	1	0
2011/12 Annual Plan Progress	16	7	9	0

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

3.1 Patient Experience

3.1.1 Slot Unavailability

In March there were 16.78 unavailable slots per 100 successful bookings compared to the target of 10 which is an increase from 14.34 in February. The main specialties of concern are now Cardiology, Colorectal Surgery and Urology as well as ENT. ENT has however continued to see an improvement in performance following the publishing of additional capacity with performance in March showing a 54% reduction compared to January.

Additional capacity is being added in all four specialties listed above. In addition the splitting of capacity within clinics between appointments that are bookable using Choose and Book and those that will be filled with paper referrals that has been trialled in ENT is to be rolled out from ENT to other specialties. This will prevent Choose and Book capacity from being filled by paper referrals and therefore not appearing on the system.

3.2 Education & Training

3.2.1 Mandatory Training Completion

In March performance improved for all the types of mandatory training that are currently below target: information governance, infection control, conflict resolution and manual handling. A significant improvement was also seen in the percentage of staff attending training with the DNA rate falling from 9.1% in February to 5.5% in March.

A trial is taking place whereby staff attending training sessions are given a letter showing their compliance with all types of mandatory training. Me@QEHB is being revised to show all types of mandatory training included in the recent review and a forward look has been added to the dashboard to allow staff and managers to identify when training needs to be completed.

Additional half-day sessions for fire, information governance and infection control are being added in addition to the current fortnightly schedule.

3.2.2 Completion of Drug Assessments by New Starters

In Quarter 4 five out of nine (55.5%) new nurses starting within the Trust completed their drug assessments within 6 weeks of commencement. Three of the remaining four have now successfully completed their drug assessments. The overall average length of time to complete these assessments is 7 weeks.

The one remaining nurse has not yet completed the assessments. An action plan is in place to ensure these are completed promptly and they are being supported by Clinical Education Team (CET) but not yet being formally performance managed.

3.2.3 Foundation and Core Medical Trainees attending teaching

Performance against this measure continues to be below target although it is expected to improve as trainees near the end of their rotations. For Foundation Trainees (FTs) 42.2% of doctors have attended the requisite 70% of teaching and for Core Medical Trainees 25.7% have attended the required proportion compared to the target of 90%. A substantial proportion of doctors are close to the requirement with 30.4% of FTs and 34.3% of CMTs having attended between 60% and 70% of their teaching.

Analysis of the reasons doctors give for non-attendance has been undertaken but has not identified any particular overall trends. At specialty level where particular problems have been identified these have been addressed, for example in the Clinical Decision Unit it has been agreed that, of the 6 Foundation Year 1s in the department the 4 who are on normal shift will attend teaching and the 2 that are on-call will attend but retain their bleeps.

Attendance is monitored at annual progress reviews and discussed with the trainees, with plans put in place to attain the required percentage. Trainees have until the end of the year to ensure they meet the standard and many are expected to make up sessions towards the end and count e-learning in their percentage.

3.3 Workforce

3.3.1 Short Term Sickness

Short-term sickness was above target in February at 2.24% against the 2.00% target. Long-term sickness remained below target at 1.96%. Colds, coughs and flu and gastrointestinal problems were responsible for the greatest number of episodes of sickness.

The number of sickness cases being actively managed has increased from 351 cases in January to 422 cases in February with 292 relating to short term sickness. An HR Advisor has now been appointed to focus purely on sickness absence management and monitoring.

Focus groups have been held to investigate the reasons for staff sickness with Domestics, Domestics Team Leaders and Theatre Orderlies with action plans produced as a result. Future groups are planned for Outpatients and Catering. Monthly Sickness absence training sessions are being held for managers. Staff who have triggered on the policy are identified monthly and followed up with managers.

3.3.2 External Agency & Bank Spend

In March 2012 the spend on external agency staff was £961k (3.59%) an increase from £751k (2.93%) in February.

Good progress has been made in reducing external agency expenditure on medical staff over the last twelve months. However an increase in agency spend was projected for the Emergency Department in March with the introduction of Major Trauma Centre status. As substantive appointments are made over the coming months the agency spend is expected to reduce proportionately. Bank spend also increased compared to February from £1,000k to £1,394k; this increase was in line with historical spending patterns.

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

4.1 Progress with 2011/12 Schemes

Details are provided below on the progress achieved in implementing the Trust's CQUIN schemes with both the West Midlands PCTs and the West Midlands Specialised Commissioning Team (SCT) in 2011/12.

The following CQUINs have been fully met for the year:

- a) VTE assessment
- b) Responsiveness to patients needs
- c) End of Life
- d) Dementia Care
- e) Acute Medical Care Clinics
- f) Antimicrobial Stewardship
- g) Electronic Observations
- h) Home Chemotherapy
- i) Organs for Transplant

The following CQUINS either require confirmation of achievement or carry financial risk:

4.1.1 Falls Management

The Trust has met 2 of the 3 agreed targets. The indicator for the proportion of at risk patients receiving a care plan has not been achieved for quarter 4 with performance at 92% against a target of 95%. Although there is slight underperformance against this target, the Trust has made significant progress by overperforming against the other 2 indicators for the reduction in serious falls where UHB policy has not been followed and the completion of the falls risk assessment. Also, analysis of the falls data has been undertaken for 2011/12 and compared to 2010/11 (where a similar number of falls were reported) and the following outputs have been delivered:

- a) 15% reduction in patient harm resulting from a fall.
- b) 23% reduction in fall from a bed.
- c) 29% reduction in fall from a commode.
- d) 36% increase in the proportion of managed falls.
- e) 38% reduction in the proportion of fractures sustained from a fall.
- f) 99.9% of electronic incident report forms on Datix contained time of fall.

The financial value of underachievement against this indicator is £12k. However, on the basis of the above achievements over and above the CQUIN requirements, the Trust has requested that the PCT considers that the overall CQUIN indicator as been achieved and therefore not subject to financial penalty.

4.1.2 Renal Home Therapies

It is anticipated that the underperformance against this CQUIN will be addressed as part of the 2011/12 year end contract settlement.

4.1.3 Access to Neuro-Rehabilitation

The 2011/12 CQUIN has been deferred in agreement with the SCT and will be delivered in 2012/13.

5. **Recommendations**

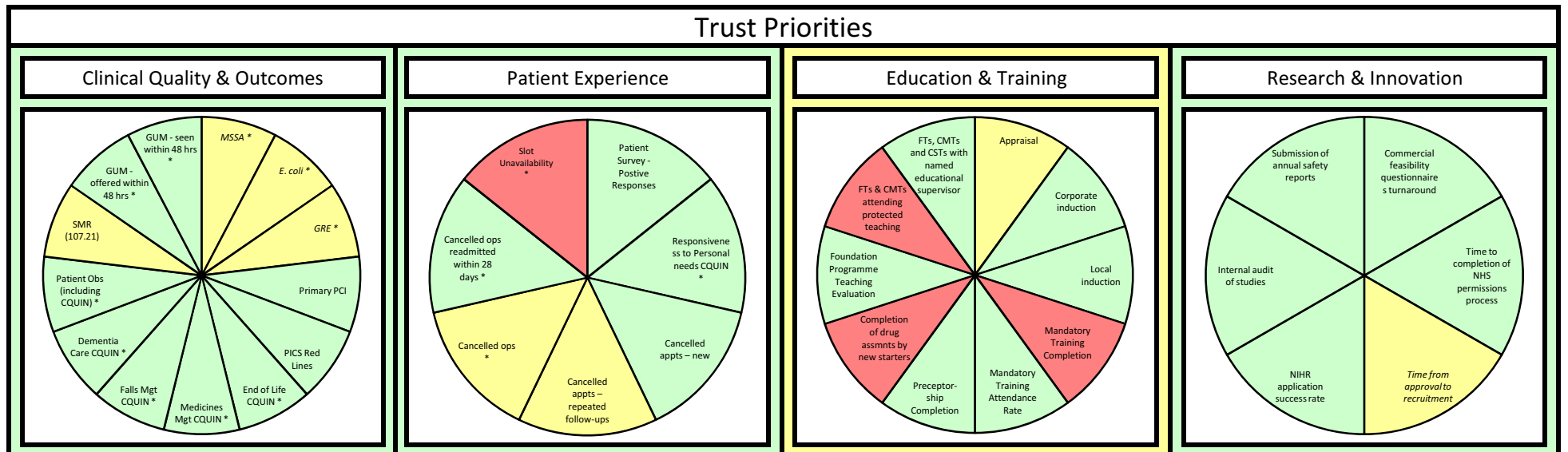
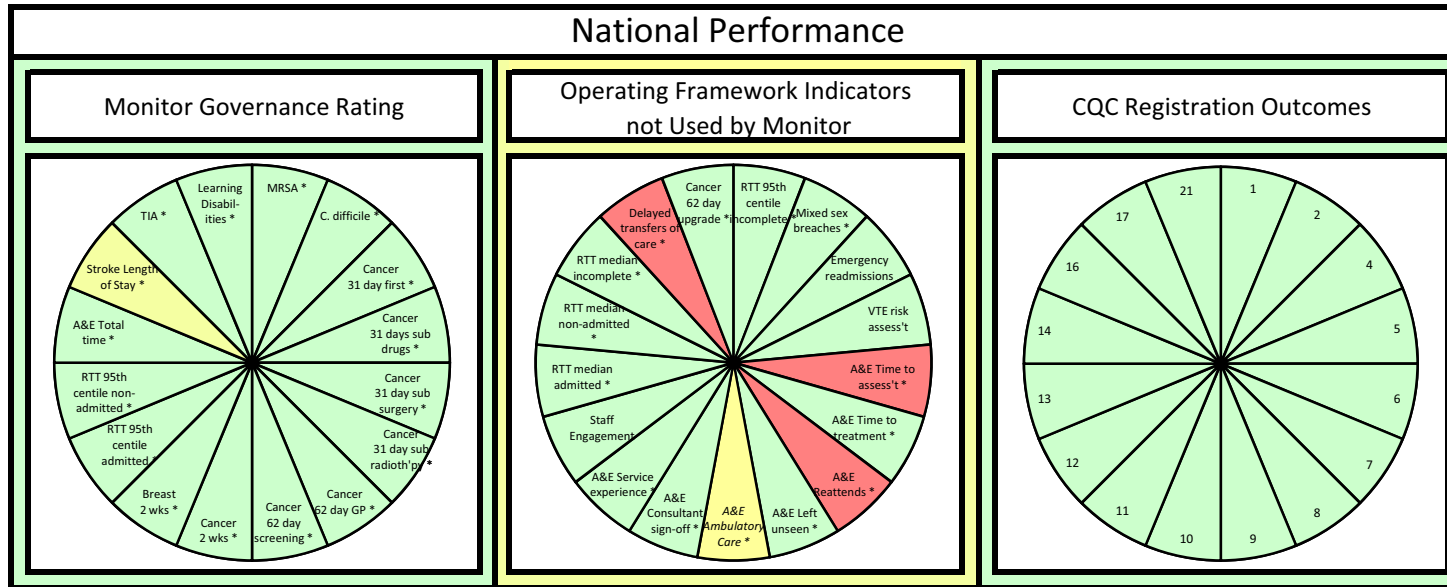
The Council of Governors is requested to:

- 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.

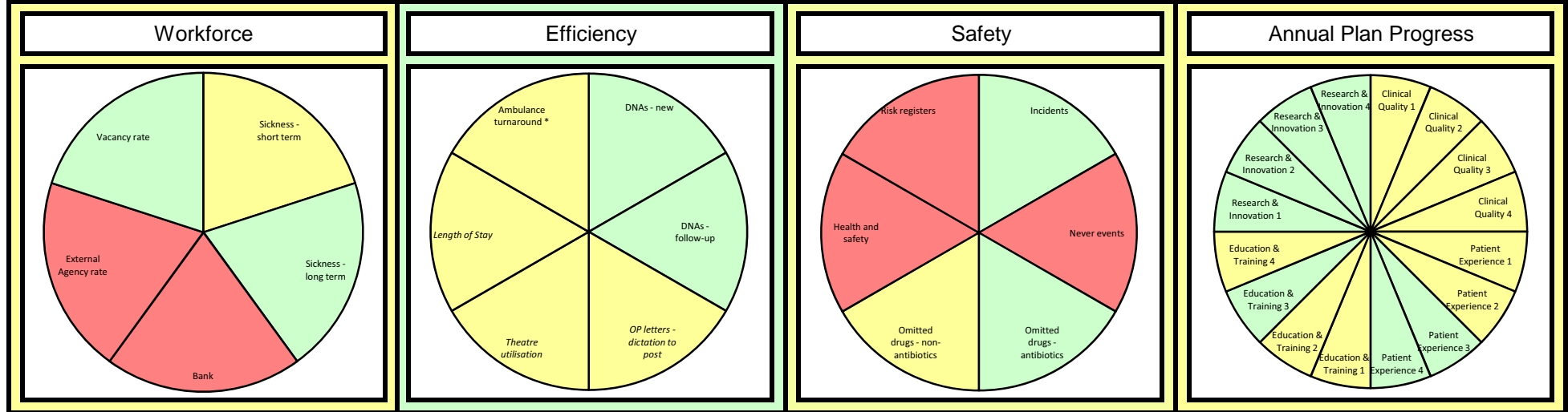
Tim Jones
Executive Director of Delivery

2011/12 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.

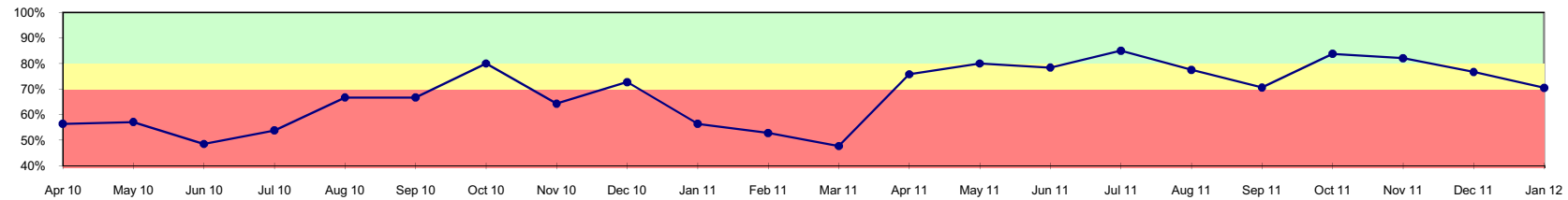


Local Indicators

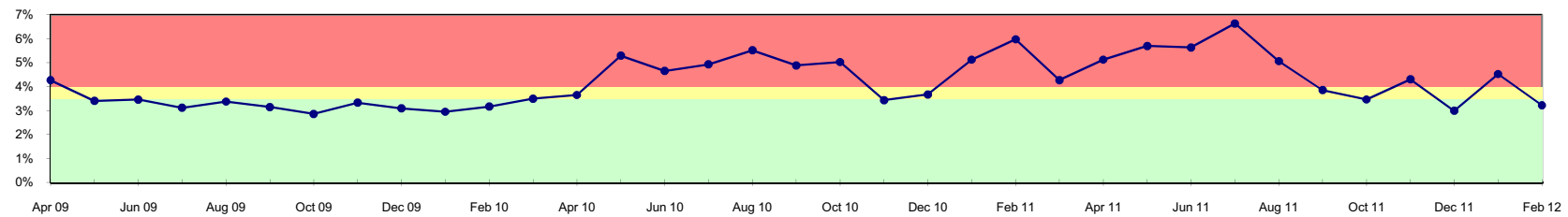


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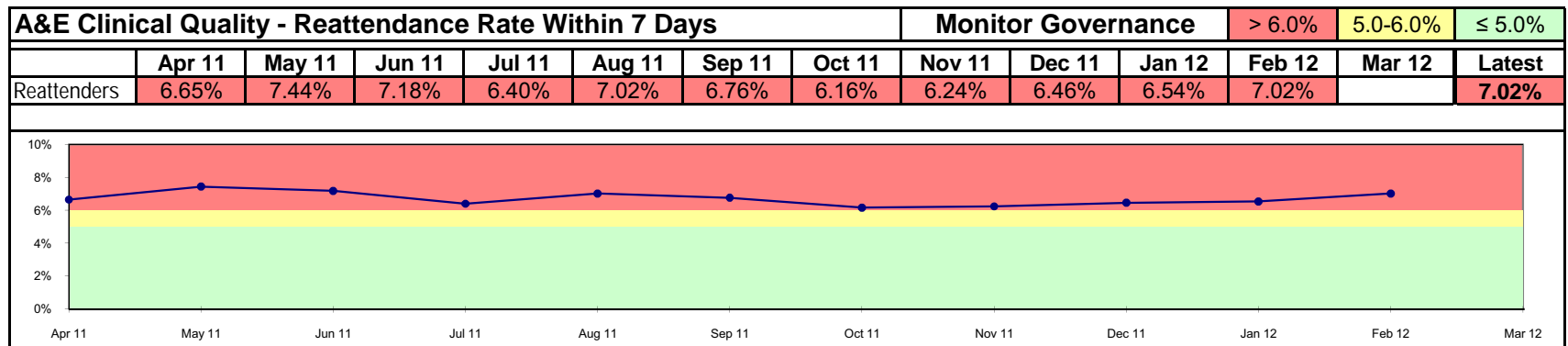
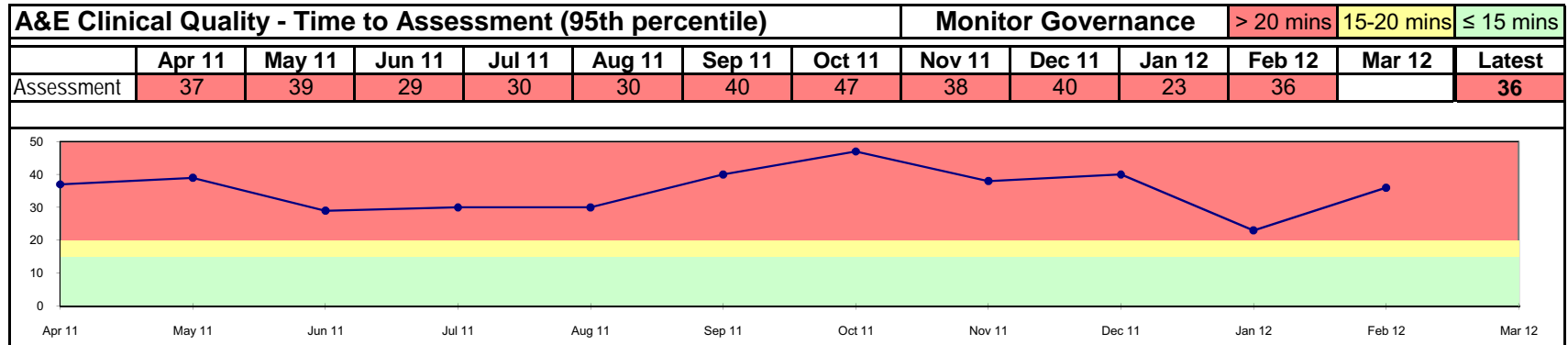
Quality of Stroke Care - 90% LOS on Stroke Unit								Monitor Governance			< 70%	70-80%	≥ 80%
	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	YTD
Stroke LOS	75.8%	80.0%	78.4%	85.0%	77.5%	70.6%	83.8%	82.1%	76.7%	72.7%			78.3%



Delayed Transfers of Care								Operating Framework			> 4.0%	≤ 4.0%	≤ 3.5%
	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	YTD
DToC	5.08%	5.69%	5.63%	6.63%	5.06%	3.85%	3.46%	4.30%	2.99%	4.52%	3.22%		4.59%



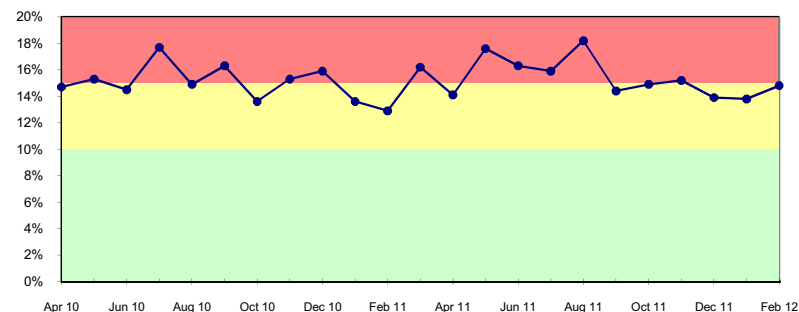
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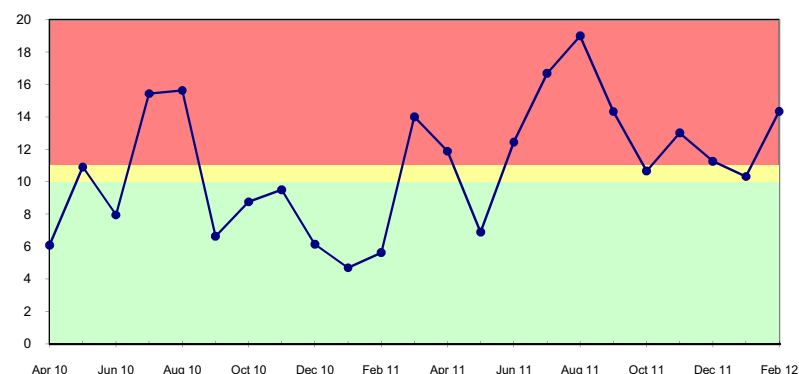
Repeat Follow-up Outpatient Cancellations								Patient Experience			> 15%	10 - 15%	≤ 10%
	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Latest
OP Canx	14.1%	17.6%	16.3%	15.9%	18.2%	14.4%	14.9%	15.2%	13.9%	13.8%	14.8%		14.8%

Performance against this indicator has been amber for three consecutive months since an exception report was last included in the December paper. In February 14.8% of follow-up appointments that were re-arranged were re-arranged more than once. A pilot is currently underway in the Grown-Up Congenital Heart Disease service within Cardiology to introduce a system whereby follow-up patients will not be notified of their appointment until six weeks before thereby reducing the opportunity for cancellation. The operational processes to support this have required significant development to ensure that patients are not lost to follow-up and are not made aware of the appointment until it is confirmed. Consequently the pilot has only begun this month. An evaluation will be undertaken after three months and if it has proved to be successful will be rolled-out to other specialities.



Slot Unavailability								Patient Experience			> 11	10-11	≤ 10
	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Latest
Slots	11.88	6.89	12.45	16.69	19.00	14.33	10.66	13.01	11.26	10.32	14.34		14.34

In February there were 14.34 unavailable slots per 100 successful bookings which is above the target of 10. The most significant number of unavailable slots continued to be in ENT which accounted for around a third of slot issues over the month. In addition to separating Choose and Book and other outpatient capacity for the specialty, as detailed in previous reports, extra capacity of 150 additional slots has been added up to the end of April 2012. This has led to a significant drop in the number of slot issues in ENT in early March. Larger numbers of slot issues were seen during the month in a number of specialties, other than ENT. This trend of decreasing slot issues in ENT but increasing numbers in other specialties has continued in early March. The reasons for this are currently being determined and relevant actions will be implemented.



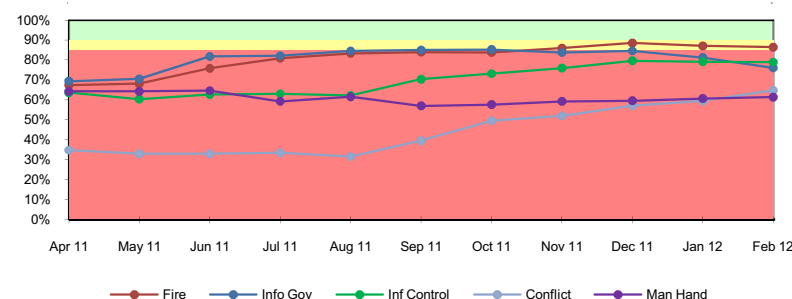
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Mandatory Training								Education & Training			< 85%	85-90%	≥ 90%	
							Info Gov	< 90%	90-95%	≥ 95%	DNA rate	< 20%	10-20%	≤ 10%
	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Latest	
Fire	67.3%	68.1%	75.8%	80.8%	83.3%	83.9%	83.7%	85.9%	88.5%	87.0%	86.4%		86.4%	
Info Gov	69.3%	70.5%	81.7%	82.1%	84.5%	85.0%	85.2%	83.7%	84.5%	81.2%	76.0%		76.0%	
Inf Control	63.6%	60.3%	62.6%	63.0%	62.1%	70.3%	73.1%	75.9%	79.6%	79.1%	78.9%		78.9%	
Conflict	34.7%	32.9%	32.9%	33.4%	31.5%	39.5%	49.5%	51.9%	57.1%	59.4%	64.7%		64.7%	
Man Hand	64.2%	64.2%	64.6%	59.2%	61.5%	56.9%	57.6%	59.2%	59.5%	60.6%	61.3%		61.3%	
DNAs						19.5%	17.4%	9.0%	18.9%	8.0%	9.3%		9.3%	

Performance fell in February for three of the types of mandatory training that are currently below target: fire, information governance and infection control.

A leaflet has been sent to all staff with their payslip reminding them of their responsibilities to ensure they remain compliant and the details and contacts for mandatory courses. An two-week campaign is to be held in the Atrium and Plaza of QEHB to promote mandatory training, answer questions and book staff onto courses. Automated emails to staff who Did Not Attend mandatory courses providing them with details on how to re-book which supersedes the manual process of contacting staff we currently use. Staff who are out of date now have a 'pop-up' displayed on the Me@QEHB system to remind them that they need to complete training, as do their managers.

Additional training sessions continue to be booked to accommodate demand and courses are promoted on a weekly basis through email and other routes.



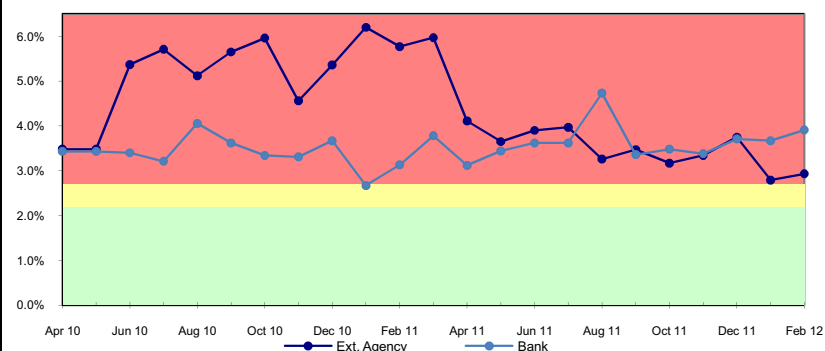
External Agency & Bank Spend								Workforce			> 2.7%	2.2 - 2.7%	≤ 2.2%
	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Latest
Ext. Agency	4.11%	3.65%	3.90%	3.97%	3.26%	3.47%	3.17%	3.34%	3.75%	2.79%	2.93%		2.93%
Bank	3.12%	3.44%	3.62%	3.62%	4.73%	3.36%	3.48%	3.38%	3.71%	3.67%	3.91%		3.91%

In February 2012 the spend on external agency staff was £751k (2.93%) an increase from £714k (2.79%) in January.

Bank spend in February continued to be higher than external agency and rose from £940k (3.67%) to £1,000k (3.91%).

The Trust has continued to see lower external agency spend on medical staff following work to ensure rotas were filled with Junior Specialist Doctors and the introduction of new processes for booking locums. Medical staff agency spend was 3.97% of total medical staff pay spend in February compared to 4.50% in September. Work is now underway to develop an electronic system for the booking and authorisation of medical locums. This will collect additional detail on the reasons why a locum is required to allow these to be addressed.

In 2012/13 there will be a focus on nursing spend with the aim of reducing this in future.



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Risk Registers - % that are non-compliant			Safety		
			> 10%	5 - 10%	≤ 5%
	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Latest
Risk Regs	3.28%	4.69%	16.42%		16.42%

The Quarter 3 2011/12 audit of risk registers across the Trust found that 16.42% were non-compliant with the Trust's risk register process and a further 7.5% were partially compliant (i.e. there was evidence that the register had been reviewed, for example at a one to one meeting, but no evidence of discussion at relevant meetings where minutes were taken). Compliance was lowest in Division D where 7 out of 12 (58.33%) risk registers had not been reviewed. The Risk Management Team has worked together with the Division to ensure that these have now been reviewed. The Risk Management Team will continue to work with the owners of the risk registers that are not compliant to ensure that there is improved compliance in future quarters. In addition the results of the audit have been shared with divisional management and corporate teams. The audit will be repeated for Quarter 4 2011/12.

Quarter	% Non-compliant
Q1 10/11	7.5%
Q2 10/11	0%
Q3 10/11	7.5%
Q4 10/11	4.69%
Q1 11/12	3.28%
Q2 11/12	4.69%
Q3 11/12	16.42%