AGENDA ITEM NO:

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 29 APRIL 2010

Title:	**PERFORMANCE INDICATORS REPORT**
Responsible Director:	Executive Director of Delivery
Contact:	Andy Walker, Divisional Planning Manager Daniel Ray, Director of Informatics & Patient Administration

Purpose:	To update the Board of Directors of the Trust's performance against key indicators, including Care Quality Commission (CQC) targets, risk ratings against standards included in the Monitor Compliance framework, and performance against internal targets.
Confidentiality Level & Reason:	N/A
Medium Term Plan Ref:	Affects all strategic aims.
Key Issues Summary:	The following indicators are currently not in line with targets and therefore exception reports have been provided: • A&E 4 hour waits • 62 day first cancer treatments • Short term sickness • Agency spend • PDRS completion • Mandatory training • Induction completion • DNAs • Theatre list utilisation • Slot unavailability • Electronic Patient Survey response rate • Omitted drugs • Readmission & non-emergency mortality audits response rates Further details and action taken are included in Appendix B.
Recommendations:	The Board of Directors is requested to: **Accept** the report on progress made towards achieving performance targets and associated actions.

Signed:	**Date:** 12 April 2010

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 29 APRIL 2010

PERFORMANCE INDICATORS REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. **Purpose**

This paper provides the Board of Directors with an update on the Trust's performance against key indicators, including Care Quality Commission (CQC) targets, risk ratings against standards included in the Monitor Compliance framework and internal targets. Performance against these indicators is shown in Appendix A.

2. **Exception reports**

Exception reports where monthly data are available are contained in Appendix B. The exception report this month contains a report on the cancer targets as the 62 day first treatment target is currently below target for the year to date due to January and February performance. An exception report on A&E 4 hour wait performance is included as the Trust did not achieve the target in March 2010 although it has achieved it for Quarter 4 and the full year 2009/10. The exception report this month contains reports on those internal indicators that are red or have been consistently amber due to poor performance for the last three months. The indicators that are included for three consecutive months as amber are DNA rate and theatre list utilisation.

The following internal targets are currently red:

a) Short term sickness
b) Agency spend
c) PDRS completion
d) Mandatory training
e) Induction completion
g) Slot unavailability
h) Electronic Patient Survey response rate
i) Omitted drugs
j) Readmission & non-emergency mortality audits response rates

Cancellation of follow-up outpatient appointments is not included as this indicator is now amber. Consequently this indicator will be subject to quarterly monitoring until it becomes green when it will no longer be considered an exception or it becomes red and returns to monthly monitoring.

3. CQC Periodic Review

The Trust has received additional information on the scoring system to be used by the CQC for the 2009/10 Periodic Review. Previously it was stated that there would be no overall rating for the Existing Commitments and the National Priorities; however the CQC has now indicated that there will be an overall rating as well as individual ratings for each. The overall rating will be the same as the lower individual rating the Trust achieves for either the Existing Commitments or the National Priorities. The scoring system for both individual Existing Commitments and National Priorities is identical to that used in 2008/09 which was used for the predicted rating included in the January 2010 Performance Indicators Report to the Board of Directors. As the Trust is currently predicted to achieve 'Excellent' for the Existing Commitments and 'Good' for the National Priorities the Trust's overall score for both elements is therefore predicted to be 'Good'.

4. Recommendations

The Board of Directors is requested to:

Accept the report on progress made towards achieving performance targets and associated actions.

Tim Jones
Executive Director of Delivery

APPENDIX A

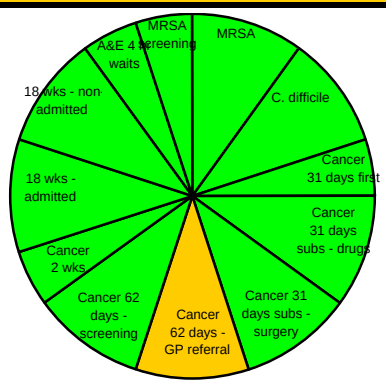
University Hospitals Birmingham NHS
NHS Foundation Trust

2009/10 Key Performance Indicator Report

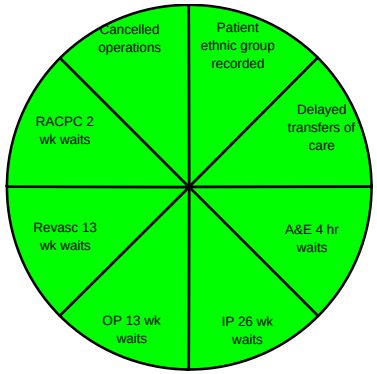
Where data is not currently available indicators have been assigned 'amber' unless considered high risk where they have been assigned 'red'.

National Performance

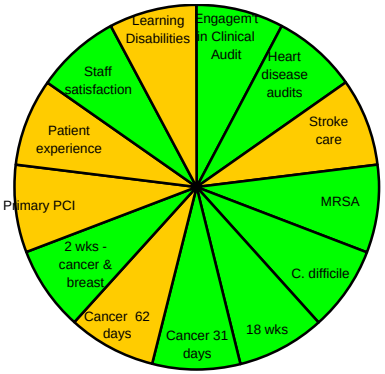
Monitor Governance Rating



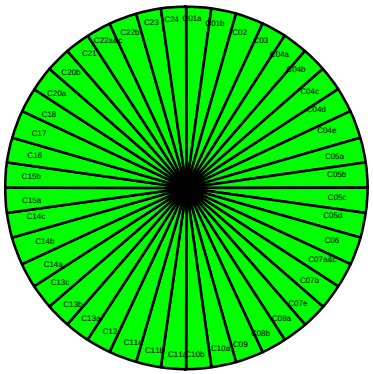
Care Quality Commission Existing Commitments



Care Quality Commission National Priorities

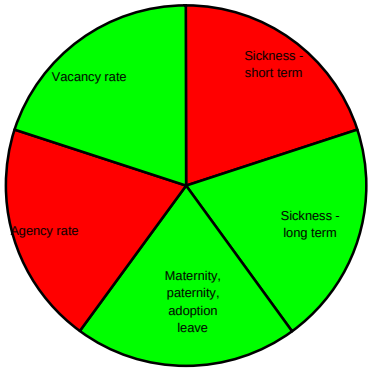


Core Standards

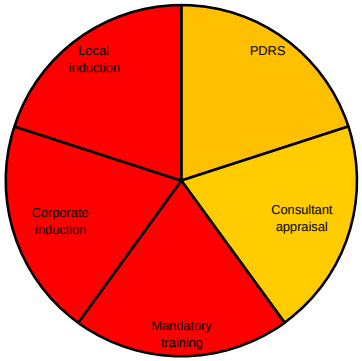


Workforce

Resources

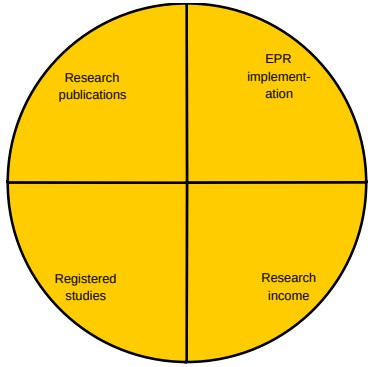


Capability

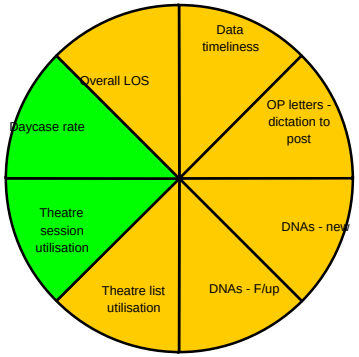


Efficiency

Innovation



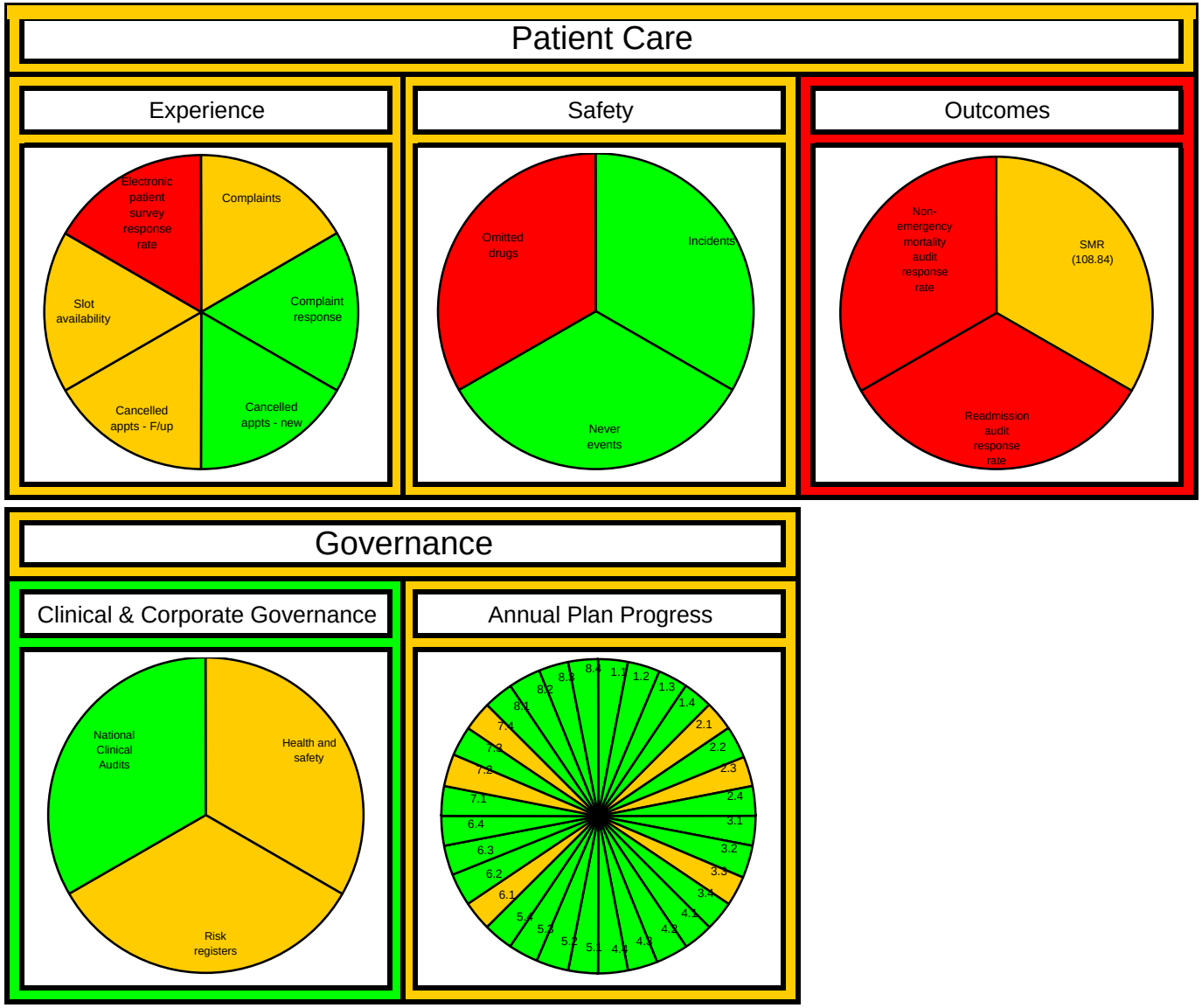
Process



20 April 2010

APPENDIX A

University Hospitals Birmingham NHS
NHS Foundation Trust

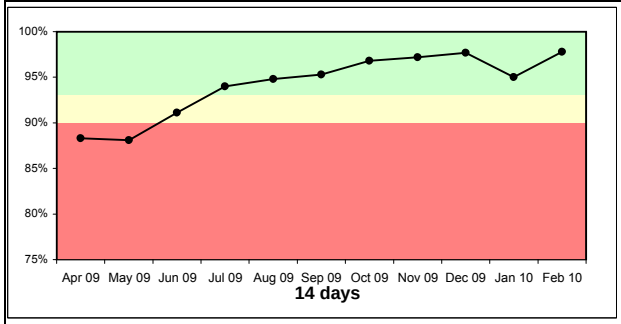


20 April 2010

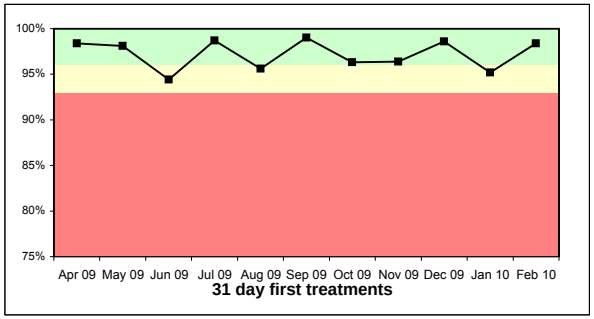
APPENDIX B

Exception Report for April 2010 Board of Directors' Performance Report

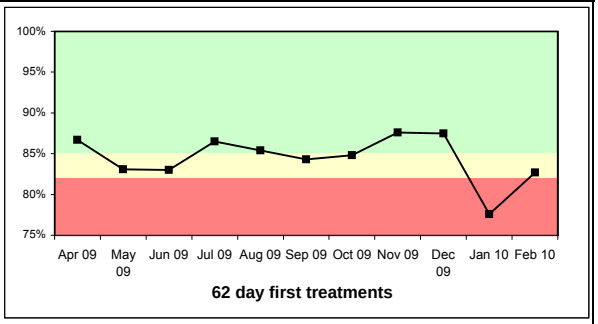
Expanded Cancer Targets												National Targets	
	Target	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	YTD
14 day cancer	93%	88.3%	88.1%	91.1%	94.0%	94.8%	95.3%	96.8%	97.2%	97.7%	95.0%	97.8%		94.2%
14 day breast symptom	93% by 1 Jan 2010	15.7%	27.1%	26.7%	40.6%	43.2%	45.9%	74.5%	58.9%	95.6%	98.9%	100.0%		99.3%
31 day first treatments	96%	98.4%	98.1%	94.4%	98.7%	95.6%	99.0%	96.3%	96.4%	98.6%	95.2%	98.4%		97.2%
31 day subsequent treatments - Surgery	94%	96.9%	94.1%	95.5%	95.6%	96.1%	98.5%	95.8%	98.6%	96.2%	94.7%	98.5%		96.4%
31 day subsequent treatments - Drugs	98%	98.7%	96.2%	98.0%	99.0%	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		99.0%
62 day first treatments	85%	86.7%	83.1%	83.0%	86.5%	85.4%	84.3%	84.8%	87.6%	87.5%	77.6%	82.7%		84.5%
62 day consultant upgrades	No target set	100.0%	94.4%	82.8%	78.7%	78.3%	84.6%	76.7%	92.5%	100.0%	79.6%	78.9%		85.6%
62 day referrals from screening	90%	100.0%	100.0%	87.5%	95.8%	100.0%	75.0%	85.7%	100.0%	90.0%	80.0%	100.0%		91.9%



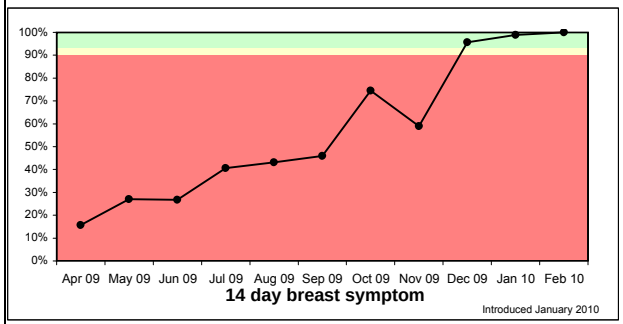
14 days



31 day first treatments

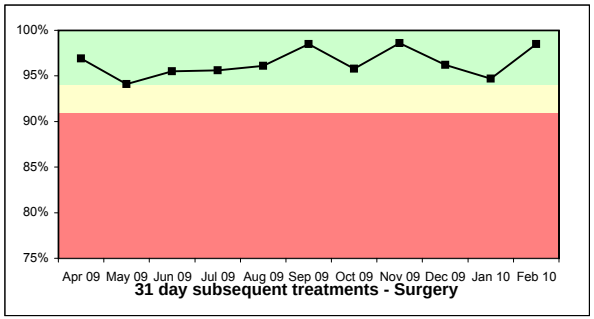


62 day first treatments

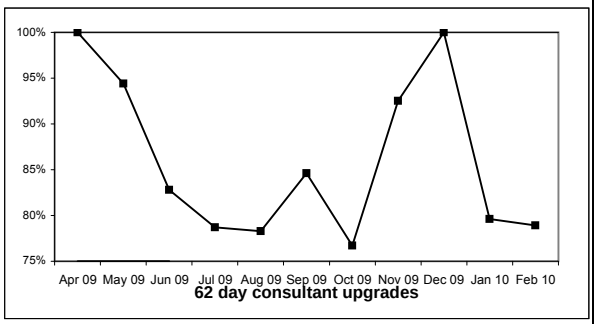


14 day breast symptom

Introduced January 2010

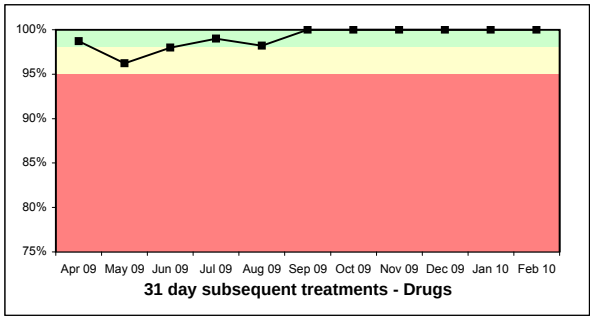


31 day subsequent treatments - Surgery

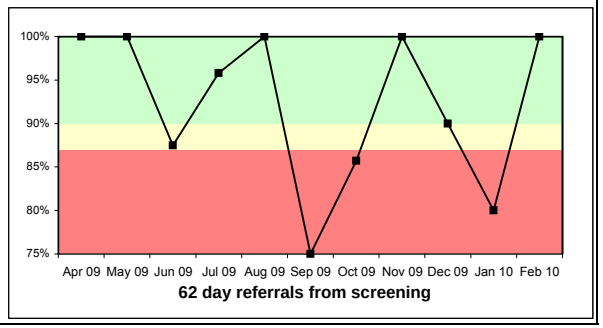


62 day consultant upgrades

The Trust met all the cancer targes with the exception of 62 day first treatment. Performance against this measure continues to be affected by patients deferring their appointments and treatment over the Christmas and New Year period. In addtion the Trust continues to receive late referrals from other Trusts and UHB are required to share these breaches with the referring Trust. The CQC has recently redefined the rules for breach sharing and the Cancer Services Team is reviewing previous breaches to see if there is any opportunity for these to be shared and improve performance. A business case is also being developed to increase the Trust's capacity to track patients along the pathway and validate performance data. Year to date performance is currently above target for all indicators with the exception of 62 day first treatments where performance is currently 84.5% against the 85% target.



31 day subsequent treatments - Drugs



62 day referrals from screening

APPENDIX B

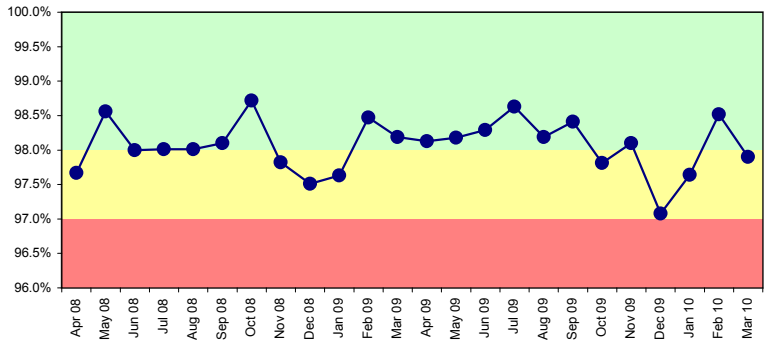
A&E 4 hour waits	Monitor & CQC Existing Commitments	< 97%	97-98%	≥ 98%

	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	YTD
4 hr waits	98.13%	98.18%	98.29%	98.63%	98.19%	98.41%	97.81%	98.10%	97.08%	97.64%	98.52%	97.90%	**98.08%**

Performance in March was below target at 97.90%, however Quarter 4 performance was above target at 98.01% due to strong February performance. The full year 2009/10 performance was also above target at 98.08%.

March performance was affected by a combination of a lack of capacity and a large number of attendances in early March. The capacity problems were brought about by a large number of patients with long lengths of stay and the closure of three wards due to Norovirus.

Medical staffing issues have been addressed and the Emergency Department middle grade rota is expected to be fully staffed by the middle of April. In the meantime the two locum consultants will continue to deliver additional sessions. An additional medical consultant was provided on Good Friday and Easter Monday to ensure there was sufficient senior clinical decision-making support over the Bank Holiday period.



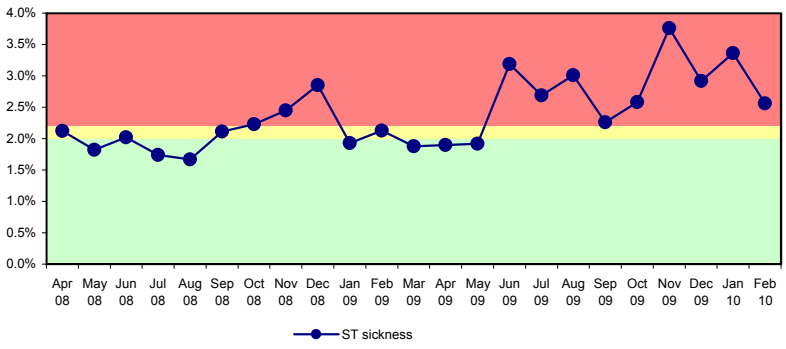
Sickness rate - short term	Workforce - Resources	> 2.2%	2.0-2.2%	≤ 2.0%
Sickness rate - long term		> 2.6%	2.3-2.6%	≤ 2.3%

	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	YTD
ST sickness	1.90%	1.92%	3.19%	2.69%	3.01%	2.26%	2.58%	3.76%	2.92%	3.36%	2.56%		2.48%
LT sickness	1.96%	1.91%	0.96%	1.84%	1.21%	1.70%	1.66%	1.22%	2.26%	1.83%	1.83%		2.01%

The data for February 2010 shows a decrease on the overall absence rate from the previous month. The combined sickness absence rate is 4.39% reduced from 5.19%; this is within the Trust threshold of 5%. Short term absence across all Divisions has improved resulting in a decrease from 3.36% to 2.56%; long term absence rate has remained at 1.83%.

A 'deep-dive' on sickness absence has been conducted on sickness absence since April 2009 to identify whether there are any patterns in absence by staff group, gender, ethnic group, Division and pay band. This report will be considered at the next meeting of the Strategic Delivery Group.

The current action plan will continue to be implemented until short term absence has reduced to below the Trust target of less than 2.2%.



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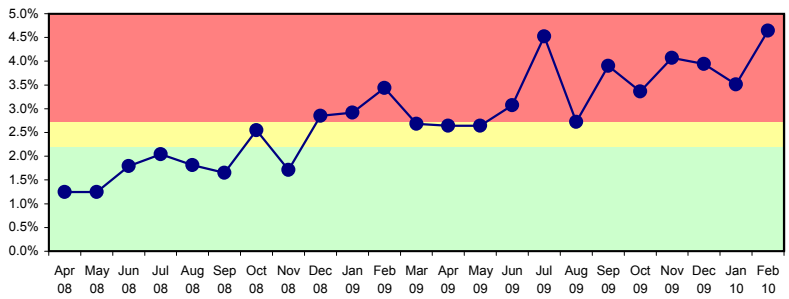
Percentage of total staff costs spent on agency staffing								Workforce - Resources			> 2.7%	2.2 - 2.7%	≤ 2.2%
	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	YTD
Agency %	2.64%	2.64%	3.07%	4.52%	2.72%	3.90%	3.36%	4.07%	3.94%	3.51%	4.64%		**3.58%**

The percentage of staff costs spent on agency rose in February to 4.64%. There continue to be significanty costs associated with locum medical staff in Divisions 3 and 5. In addition Ward D5 continued to be open over this period as part of the winter pressures plan which contributed to agency spend for nursing and AHP staff.

Areas which are currently going through the organisational change process as part of the move to the New Hospital are currently holding certain vacancies to allow the process to progress. Consequently agency staff are being used to fill these vacancies until the process is complete.

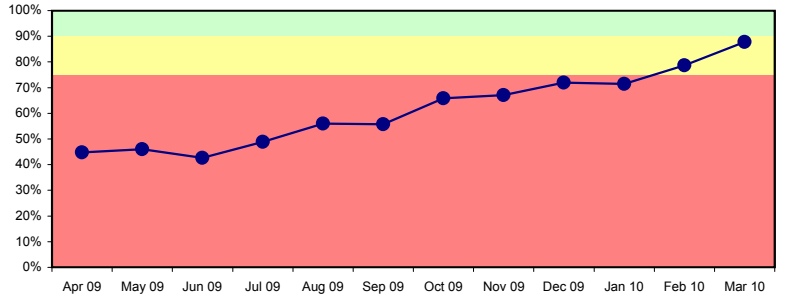


Percentage of staff who have had a PDRS in last 12 months								Workforce - Capability			< 75%	75 - 90%	≥ 90%
	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	Latest
PDRS	44.8%	46.0%	42.7%	48.9%	56.0%	55.8%	65.8%	67.1%	72.0%	71.5%	78.7%	87.8%	87.8%

The percentage of staff who have had a PDRS in the last 12 months stands at 87.81% for March which, although a significant improvement from February, is slightly below the Trust target of 90%.

The PDRS action plan specified that Divisions were required to meet 90% by March. Divisions 1, 2 and 3 have met this target; the other Divisions have plans in place to meet this target in April. Early indications show that the Trust will be at 90% by the end of April 2010.

The policy, procedures and documentation for PDRS have all been revised to streamline and increase the effectiveness of the review system. These are currently under consultation with staff-side.



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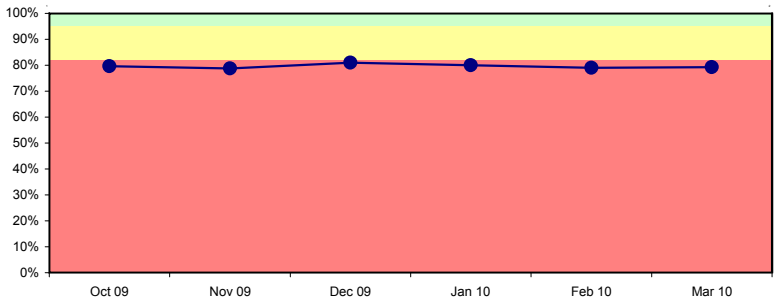
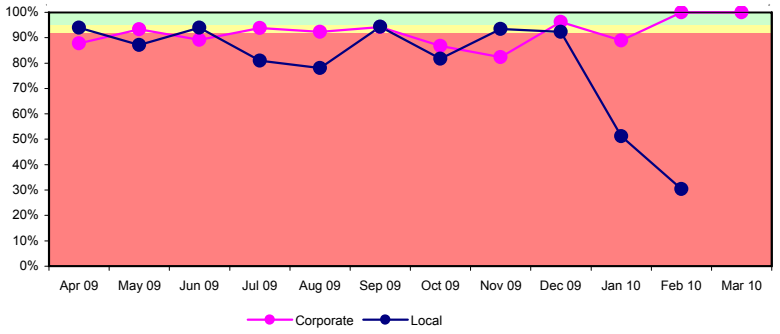
Mandatory Training							Workforce - Capability				< 82%	82-90%	≥ 90%
	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	Latest
% Trained							79.6%	78.8%	81.0%	80.0%	79.2%	79.3%	**79.3%**

The percentage of staff having completed fire training in the last 12 months has remained almost static at 79.3%. A large number of staff members' fire training expired in March 2010 due to the emphasis on completing training by year end under the previous definition. If staff were allowed a month's leeway to complete training and staff who completed training in March 2009 were included the Trust percentage would be 86.5%.
724 members of staff (nearly 11% of all applicable staff) have completed their fire training in the first half of April 2010 compared to 167 whose training expired over that period. A further 529 staff have already booked to complete their training or New Hospital orientation by the end of May. Consequently the Learning and Development Department expects to be above the 90% target by the end of May 2010.



Percentage of new staff who have completed induction							Workforce - Capability				< 92%	92-95%	≥ 95%
	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	YTD
Corporate	87.8%	93.3%	89.1%	93.8%	92.3%	94.2%	86.7%	82.3%	96.2%	88.9%	100.0%	100.0%	**91.3%**
Local	93.9%	87.2%	93.9%	81.0%	78.1%	94.3%	81.7%	93.5%	92.3%	51.2%	30.4%		**81.4%**

Corporate induction attendance for the year to March is at 91.33%. Trust patient activity was high in March resulting in a number of staff being unable to attend. The corporate induction programme has now been reviewed to ensure that it reduces the amount of time that the individual is away from the workplace; the new programme is due to be in place by June 2010.
As at the end of February 2010, 81.43% of local inductions had been completed year to date. Completion for recent months continues to be low due to delays in managers returning the form confirming completion. The Learning and Development Department have simplified the local induction forms and have set up an electronic induction process which will be commenced during the visit new staff make to the Recruitment Centre on their first working day. The process is part of the HR automation project which will enable transactional HR processes to be done electronically.

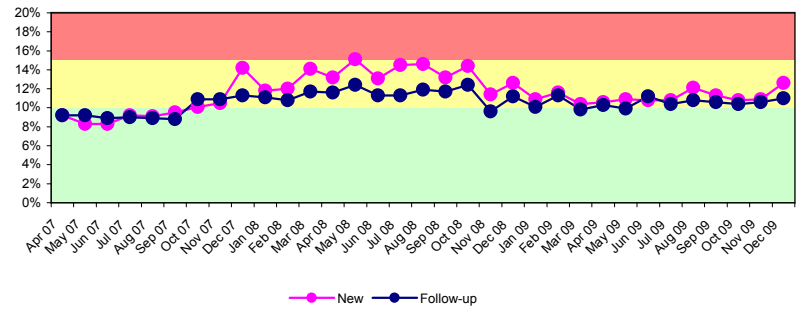


APPENDIX B

DNA rate								Efficiency - Process			>15%	10-15%	<10%
	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	YTD
New	10.6%	10.9%	10.8%	10.8%	12.1%	11.3%	10.8%	10.8%	12.2%	12.3%	11.8%	11.3%	**11.3%**
Follow-up	10.0%	9.7%	11.0%	10.2%	10.6%	10.4%	10.3%	10.3%	10.9%	14.4%	10.0%	10.1%	**10.7%**

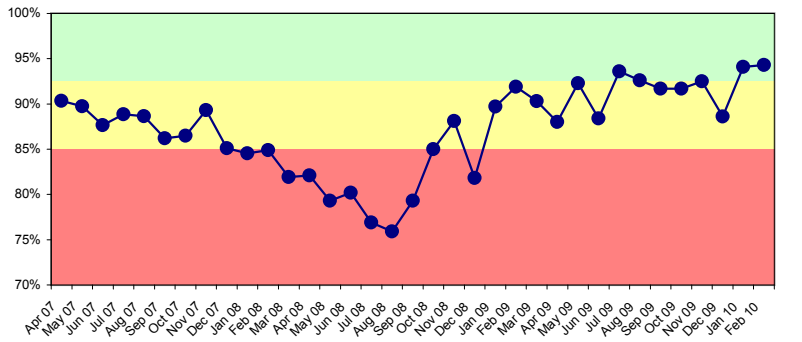
The DNA rate for new appointments fell in March to 11.3% from 11.8% in February. The rate for follow-up appointments rose from 10.0% to 10.1%. The review of hot spot areas has so far reviewed Burns and Plastics, Trauma, Rheumatology and Hand Surgery. The review has identified inconsistencies in the application of the access policy in these areas. As part of the review staff are being reminded of the access policy and its application to DNAs.

The project to develop a predictive algorithm for DNAs has progressed to its next stage and an apprentice has been employed to contact patients predicted to be likely to DNA. Patients with appointments four days ahead are being reminded of their appointment, prioritised according to the algorithm with the most likely to DNA being contacted first. The project is currently focussing on Diabetes and Dermatology.



Theatre list utilisation								Efficiency - Process			<85%	85-92.5%	≥92.5%
	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	YTD
Lists used	88.0%	92.3%	88.4%	93.6%	92.6%	91.7%	91.7%	92.5%	88.6%	94.1%	94.3%		**91.4%**

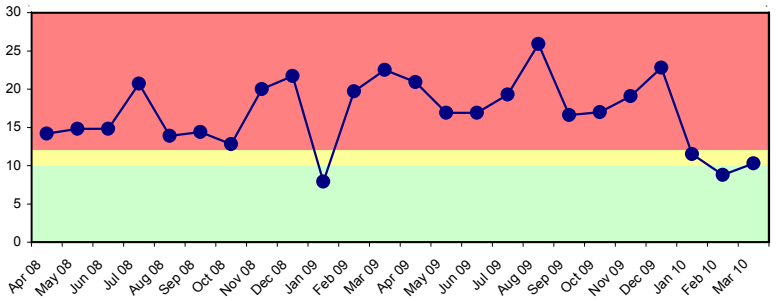
An exception report is included as this indicator has been amber based on year to date performance for the last three months. However, theatre list utilisation was the highest yet recorded during the months of January and February 2010. Performance in February was 94.3%, above the Trust target of 92.5%. The improvement in performance continues to be brought about by the proactive reallocation of lists that have been cancelled to specialties requesting additional theatre lists. In addition theatre data is validated on a monthly basis to ensure that it is accurate. Data on theatre utilisation is also made available on the dashboard to allow the Divisions to ensure that lists are being used efficiently.



APPENDIX B

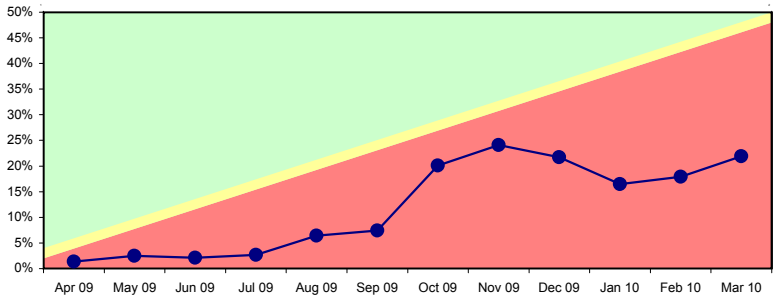
Slot unavailability								Patient Experience			> 12.0	10.0-12.0	≤ 10.0
	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	Latest
Slot issues	20.9	16.9	16.9	19.3	25.9	16.6	17.0	19.1	22.8	11.5	8.8	10.3	**10.3**

Slot availability rose in March to 10.3 unavailable slots per 100 successful bookings from 8.8 in February. The Trust saw a significant rise in slot issues in early March with an average of 10.8 slot issues per day over the first 15 days. A number of actions were taken, including publishing additional slots, providing cover for clinics when consultants were on leave and ensuring that clinics were published to both Selly Oak and the Queen Elizabeth Hospital to ensure that demand was balanced between the two sites. Consequently the average number of slot issues in the second half of the month decreased to 7.3 per day. The number has continued to decrease further in early April.



Electronic Patient Survey Response Rate								Patient Experience			< 44%	44-46%	≥ 46%
	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	Latest
% Response	1.4%	2.5%	2.1%	2.7%	6.4%	7.4%	20.1%	24.1%	21.7%	16.5%	17.9%	21.9%	**21.9%**

Patient feedback rose in March to 21.9% from 17.9% in January. There are now 10 wards receiving greater than 40% feedback and 21 receiving greater than 20% feedback. All wards with bedside televisions continue to receive feedback. The Associate Directors of Nursing are ensuring that those areas with low rates of feedback are aware of their performance and the Divisions are implementing action plans to improve feedback, particularly in those areas without televisions.



APPENDIX B

Omitted drugs - Antibiotics Omitted drugs - Non-antibiotics	Patient Safety	> 10% > 12.5%	5-10% 7.5-12.5%	≤ 5% ≤ 7.5%

	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	YTD
Antibiotics	11.1%	10.4%	10.8%	10.3%	9.8%	10.2%	9.3%	9.0%	9.4%	8.5%	8.5%	8.2%	**9.6%**
Non-ABX	20.1%	19.8%	19.5%	19.3%	18.9%	19.2%	18.9%	18.3%	18.3%	17.4%	18.0%	16.6%	**18.7%**

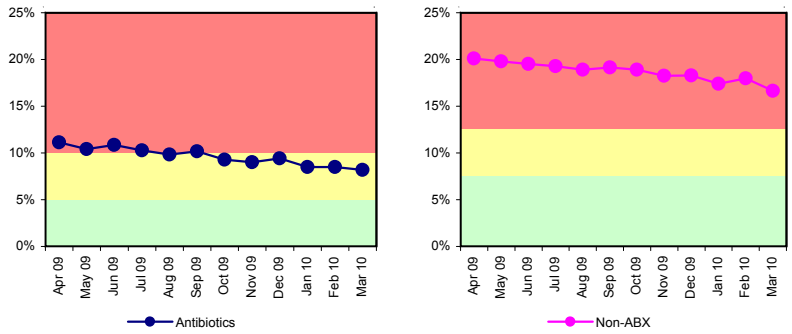
The percentage of omitted antibiotic doses fell in March to 8.2% from 8.5% in February. Likewise the percentage of omitted non-antibiotic doses fell from 18.0% to 16.6%. The first round of omitted dose root cause analyses meetings with the Executive Team took place on 30 March. This has identified a number of Trust-wide actions that are currently being implemented.

Actions identified included:

• Education of staff around one-off antibiotic doses

• Pharmacy to implement a process for Ward Pharmacists to double check that all one off doses have been given.

• A review of prescribing rules for one-off antibiotic doses in PICS.



Readmission audit response rate Non-emergency mortality audit response rate	Patient Outcomes	< 80% < 90%	80-90% 90-100%	> 90% 100%

	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	YTD
Readmissions				17%	15%	15%	26%	20%	23%	16%	18%		**19%**
Non-Em Mortality	42.9%	84.6%	90.9%	63.6%	80.0%	83.3%	53.3%	77.8%	54.5%	50.0%	90.9%		**70.9%**
Forms sent out	7	13	11	11	10	6	15	9	11	6	11		**110**
Forms completed	3	11	10	7	8	5	8	7	6	3	10		**78**

As at February 2010 the year to date response rate for readmission audits remains at 19%.

Completion of non-emergency mortality audits improved significantly in February 2010 with 10 out of 11 audits completed (90.9%). This has increased the year to date completion rate to 70.9%.

Performance in these audits is now being included as a standing agenda item for specialty/triumvirate meetings and Divisional Clinical Quality meetings to ensure that performance is regularly reviewed and any uncompleted audits are picked up.