AGENDA ITEM NO:

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 28 APRIL 2011

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 on the Trust's performance against national indicators 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: • MRSA • A&E 4 hour waits • Delayed Transfers of Care • Quality of Stroke Care • Short Term Sickness • External Agency & Bank Spend • Appraisal • Mandatory Training • Local Induction • DNAs • Electronic Patient Survey Response Rate • Omitted Drugs • Non-Emergency Mortality Audit 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:** 19 April 2011

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 28 APRIL 2011

PERFORMANCE INDICATORS REPORT

PRESENTED BY THE EXECUTIVE DIRECTOR OF DELIVERY

1. **Purpose**

This paper updates the Board of Directors on the Trust's performance against national indicators, including those incorporated in Monitor's Compliance Framework and performance against internal targets. Performance against these indicators is shown in Appendix A.

2. **Exception reports**

For national targets exception reports are contained below. Monthly performance data for exceptions are contained in Appendix B. The Trust achieved the 62 day GP referral to treatment cancer target in February with performance of 86.6%. The Primary PCI target was also achieved with performance of 100% which increased year to date performance to above the 75% target at 78.2%. Both these targets are therefore no longer considered exceptions. The Trust had two post-48 hour MRSA cases in March therefore the Trust is now above its full year trajectory and this target is an exception. Performance against the A&E 4 hour wait target in March, although above the national threshold of 95% was below the internal threshold of 98% and is therefore also an exception. Delayed transfers of care continued to be above the threshold in March. The length of stay element of the Quality of Stroke Care indicator was below the Trust's contractual target in March and is therefore an exception.

Exception reports and monthly data for these indicators as well as internal indicators that are currently red are contained in Appendix B. Updates on venous thromboembolism prophylaxis and patient observations are also included, as requested by the Clinical Quality Monitoring Group. An exception report is also included for DNAs as it continues to be a particular focus area for performance improvement.

The following internal targets are therefore currently considered exceptions:

a) Short Term Sickness
b) External Agency & Bank Spend
c) Appraisal
d) Mandatory Training
e) Local Induction
f) DNAs
g) Electronic Patient Survey Response Rate
h) Omitted Drugs
i) Non-Emergency Mortality Audit Response Rates

2.1 MRSA

The Trust had two cases of post-48 hour MRSA bacteraemia in March 2011. There have therefore been 12 cases in the full year 2010/11 which is above the full year trajectory of 11 cases. One of the March cases is however subject to appeal with the Health Protection Agency. If the appeal is accepted the Trust will have full year performance in line with its trajectory. Please refer to Chief Nurse's Infection Control Report for further details and action taken.

2.2 A&E 4 hour waits

In March 94.75% of patients met the 4 hour wait target, a fall from 96.53% in February. This is below both the national and internal thresholds. When attendances at the GP-led health centre on Katie Road are included the Trust's performance for the month is 96.57%. Year to date performance stands at 96.28% excluding Katie Road and 97.57% when it is included. The Department of Health has announced that from April 2011, with the introduction of the new Clinical Quality Indicators, A&E data will be published on a site basis so it will no longer be possible to map Katie Road attendances to UHB.

March performance in the Emergency Department (ED) was affected by spikes in activity within the department and a continued pressure on inpatient capacity for all specialties. This is expected to improve during the spring with an expected reduction in the number of admissions via ED.

The lack of timely inpatient capacity across all specialties has often seen patients significantly delayed in the ED. Division C are now working with all the other divisions to ensure that the patients that require attention or admission from the ED into any UHB specialty, are dealt with as a priority and that all pathways are revisited.

A structured review of the patient flows in and out of the fifth floor medical wards has now commenced which should lead to more timely availability of medical beds in order for patients to be moved from CDU to create the capacity for the ED to discharge patients.

To create a more timely availability of inpatient beds across all specialties, an audit has commenced on the use of the discharge lounge and this information is being regularly provided to ward areas to enable them to ensure that this facility is used to its full potential.

A new dashboard has now been developed to allow the new A&E Clinical Quality Indicators launched by the Department of Health to be actively monitored on a daily basis. Monitor has now released the Compliance Framework for 2011/12 which states that only the total time in A&E will be monitored in Quarter 1 with the rest of the indicators introduced from Quarter 2.

2.3 Delayed Transfers of Care

There was a decrease in the number of patients whose discharge was delayed in March with the national indicator showing performance of 4.27% compared to 5.97% in February. In the last week of March there were 40 inpatients whose discharge was delayed compared to 57 in the last week in February.

The Kenrick Centre opened as a re-enablement centre on 21 March with eight beds open initially, expanding to thirty-two beds later. Patients admitted to the centre will be medically fit for discharge and will have a maximum six week length of stay to receive intensive therapist support to enable them to live independently and reduce their need for ongoing support.

The West Midlands, and in particular South Birmingham, continues to be an outlier for delayed discharges. Based on Quarter 3 data published by the Department of Health, across England 9.4 patients were delayed per 100,000 population. In the West Midlands this was 16.8 delays per 100,000 and for South Birmingham it was 33.8. This makes South Birmingham PCT the second worst performing PCT in the country.

In April the Trust has seen an increase in the number of patients delayed, with 51 patients delayed as of 17 April. In particular there continue to be large numbers of patients awaiting assessment by Social Service. This has been escalated both to NHS South Birmingham and Birmingham City Council's Assistant Director of Social Services. Significant loss of social worker capacity has been seen in recent weeks following a restructure of the team and three days of staff training for the entire team. Additional capacity is also expected to be lost in April and May with the Easter holidays and four Bank Holidays. Social Services has also revised the rules about restarting homecare packages following an admission and now requires every patient to be reassessed, taking up additional capacity. This particular issue has also been escalated within Social Services and a response is awaited.

2.4 Quality of Stroke Care – Length of Stay

During March 2011, 47.7% of patients spent greater than 90% of time on the acute stroke unit against the target of 80% for Quarter 4. Full Moseley Hall Hospital (MHH) length of stay data has yet to be included in this performance as it is not yet available from Birmingham Community Healthcare NHS Trust.

The Acute Stroke Unit on Ward 411 continued to increase its capacity to 20 beds for periods of high stroke activity which impacted on Neurology activity. Moseley Hall Hospital continued to have two additional stroke beds open however, due to patient dependency MHH has seen an increase in average length of stay which has decreased the capacity for patients transferring from UHB.

Full RCAs continue to be undertaken on those patients that did not achieve the target in order to improve performance. The analysis undertaken to date highlights problems with the timely transfer of patients to the Acute Stroke Unit and the prioritisation of the transfer of stroke patients outlying the stroke unit. The stroke team are developing the criteria to guide staff in both these situations to ensure that patients' length of stay on the stroke unit is maximised.

2.5 Venous Thromboembolism Risk Assessment

In March 2011 the Trust continued to achieve the nationally mandated CQUIN of 90% of patients being risk assessed for venous thromboembolism with 98% of patients being assessed.

2.6 Completion of Patient Observations

The completion of patient observations is an outcome measure as part of the Trust's CQUINs in 2010/11 and is currently being developed as a CQUIN for the 2011/12 contract. The target is currently under negotiation. Performance, as shown in Table 1 overleaf, improved to 91.9% in March but continues to show variation between wards. Performance on this measure has now been included in the Trust's clinical dashboard to allow individual wards to see their performance compared to the Trust average.

Table 1: Patients Who Get One Full Set of Observations per Day

Ward	Specialty	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
BMT	Haematology											97.9%	99.3%
E1DU		79.2%	85.3%	73.2%	62.7%								
E4A	Renal							81.3%	80.9%				
E4B	Renal							91.9%	90.9%				
EGA	Neuro	84.7%	93.2%	91.9%	94.1%	94.3%	96.6%	93.5%					
EGB	Neuro					55.0%	62.5%	82.9%	93.0%	93.1%	92.1%	88.9%	89.6%
ELA	Neuro	84.6%	92.9%	94.4%	92.7%	86.8%	89.0%	89.8%	91.6%	91.4%	86.9%	85.6%	92.6%
ELB	Neuro	89.6%	87.7%	93.1%	89.3%	90.4%	90.7%	91.6%	72.2%	73.9%	84.6%	87.5%	85.9%
QARC	Renal							93.7%	96.4%				
SPSB + WBU	Burns	98.7%	99.2%	96.8%	100.0%	100.0%	99.3%	98.8%	100.0%	98.3%	99.2%	97.2%	99.8%
SS5 + W515	Multispeciality	93.4%	93.0%	91.3%	98.4%	87.5%	97.3%	95.0%	96.9%	96.2%	93.3%	95.5%	94.5%
SS6 + W516	Multispeciality	87.5%	91.3%	88.7%	89.5%	91.1%	93.6%	93.2%	95.9%	94.2%	94.5%	93.5%	97.8%
W302	Multispeciality/GI Med/Cardiology								75.0%	86.6%	81.2%	83.6%	77.0%
W303	Renal Medicine					87.1%	84.1%	85.4%	84.2%	80.6%	89.1%	83.9%	85.2%
W304	Cardiology						64.7%	76.7%	85.5%				
W305	Renal Surgery/Vascular								93.2%	95.3%	95.9%	97.5%	96.0%
W306	Cardiac Surgery						73.3%	84.6%	75.4%	77.3%	82.1%	82.4%	85.0%
W408	ENT/Maxilliofacial								86.3%	90.2%	92.2%	91.8%	92.1%
W409	*Tidal flow*								78.2%	88.1%	87.4%	89.6%	90.1%
W411	Neuro/Stroke					91.2%	93.8%	95.0%	95.4%	93.1%	91.5%	97.7%	94.9%
W412	Trauma							98.9%	97.9%	98.9%	97.3%	97.0%	98.2%
W514	Multispeciality								93.7%	94.4%	94.7%	92.4%	93.4%
W517	Multispeciality					97.5%	99.5%	99.2%	98.4%	95.1%	98.2%	99.1%	97.5%
WW1	Urology							89.6%	90.8%				
YPU	Oncology											81.1%	92.6%
WW5	Haematology												97.3%
Trust		89.9%	92.5%	91.4%	92.7%	89.3%	90.2%	89.4%	89.5%	90.6%	90.8%	90.8%	91.9%

3. **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

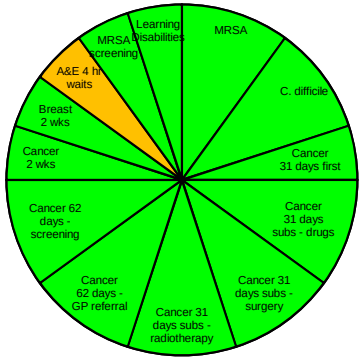
University Hospitals Birmingham NHS
NHS Foundation Trust

2010/11 Key Performance Indicator Report

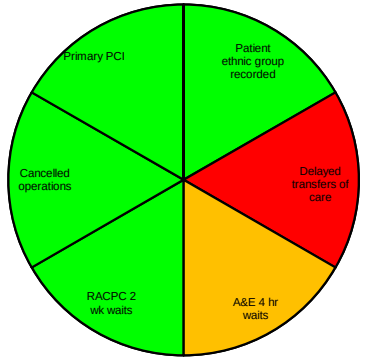
Where data is not currently available indicator names are in italics. These have been assigned 'amber' unless considered high risk where they have been assigned 'red'.

National Performance

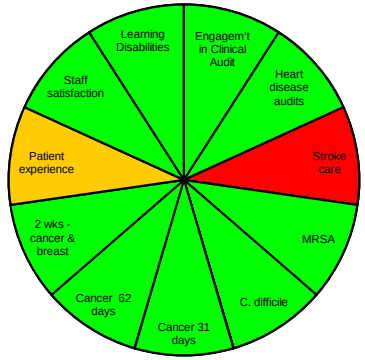
Monitor Governance Rating



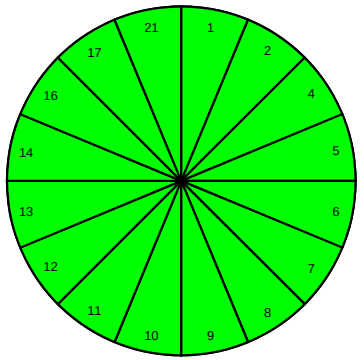
Care Quality Commission Existing Commitments



Care Quality Commission National Priorities

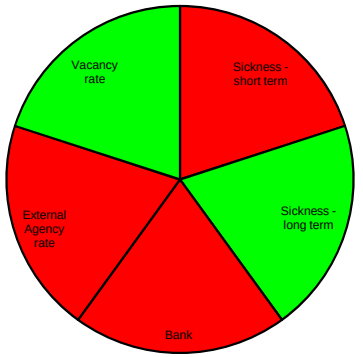


Registration Outcomes

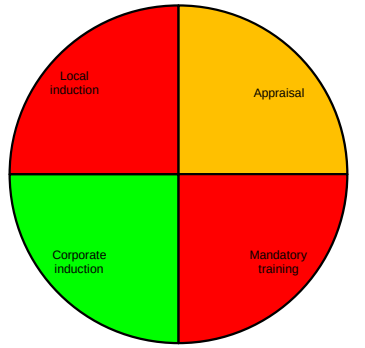


Workforce

Resources

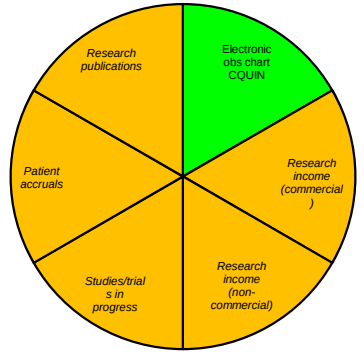


Capability

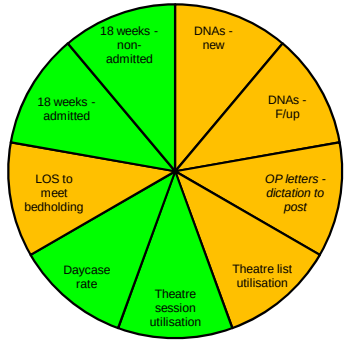


Efficiency

Innovation

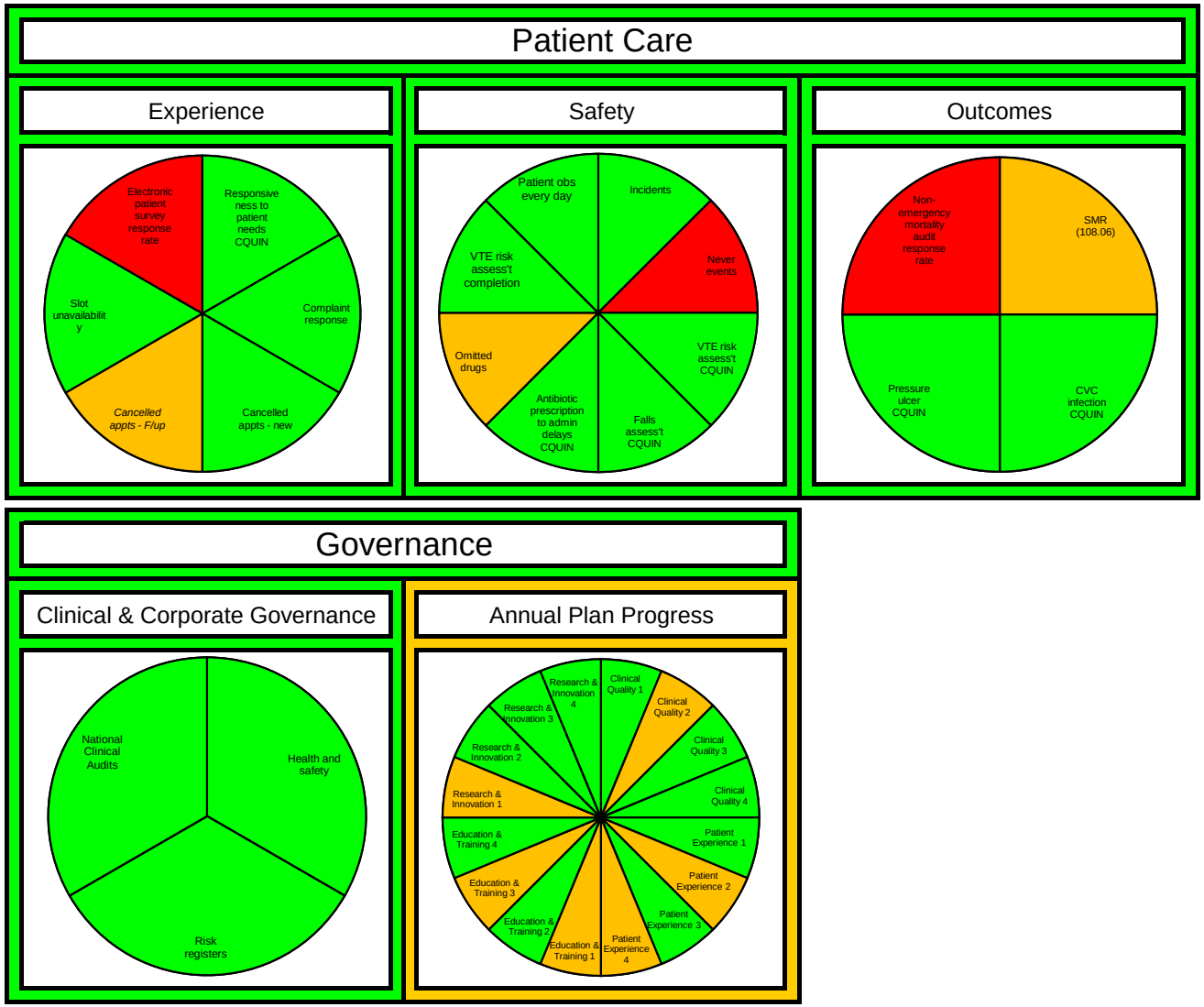


Process



APPENDIX A

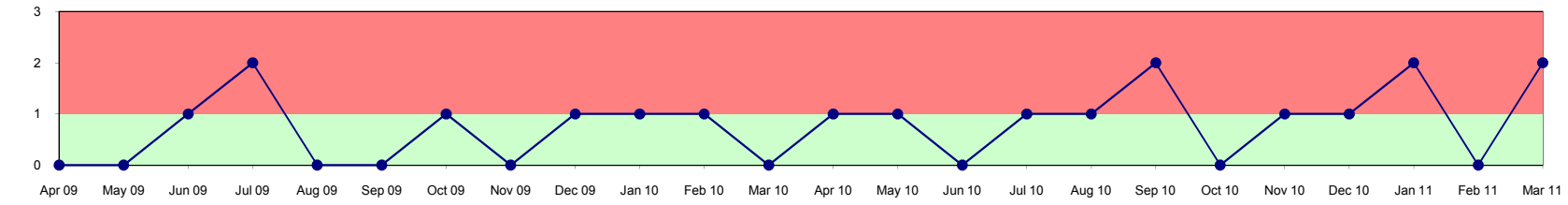
University Hospitals Birmingham NHS
NHS Foundation Trust



APPENDIX B

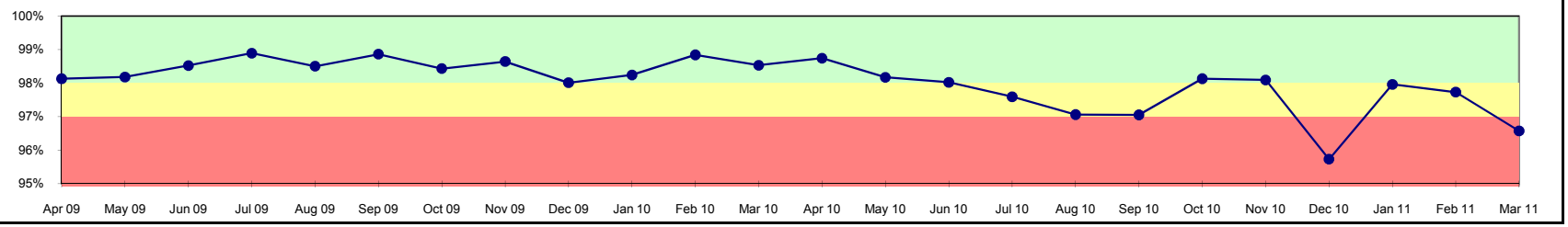
MRSA - Post 48 hour cases	Monitor & CQC National Priorities	> 14	≤ 14	≤ 11

	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD
MRSA	1	1	0	1	1	2	0	1	1	2	0	2	**12**



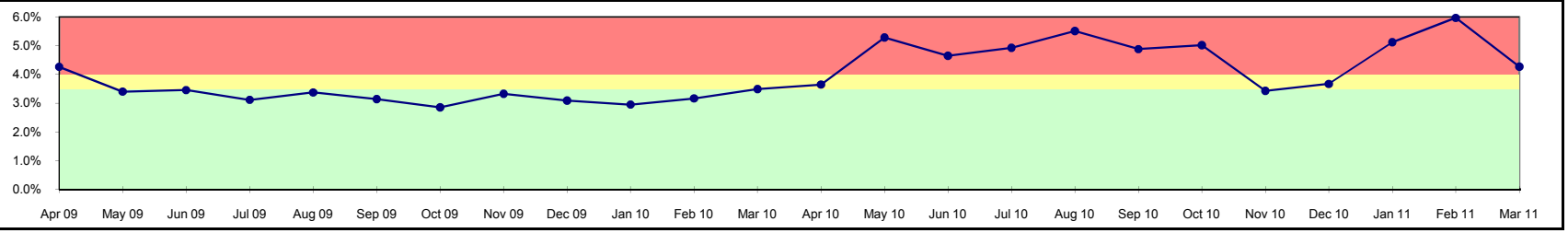
A&E 4 hour waits (including Katie Road)	Monitor & CQC Existing Commitments	< 97%	97-98%	≥ 98%

	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD
4 hr waits	98.74%	98.17%	98.02%	97.59%	97.06%	97.05%	98.13%	98.09%	95.73%	97.96%	97.73%	96.57%	**97.57%**



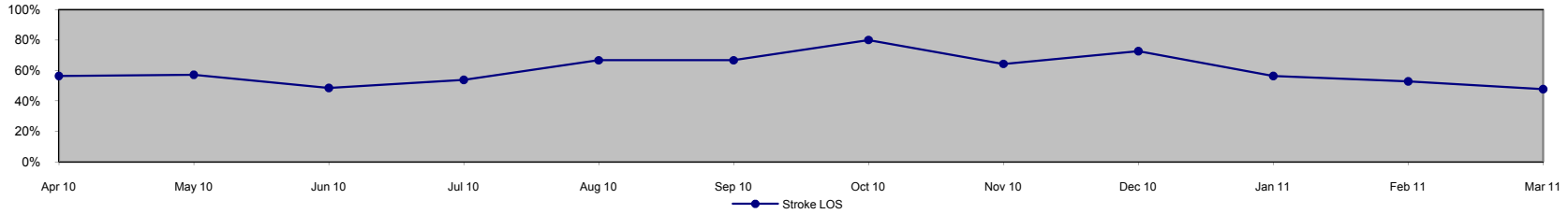
Delayed Transfers of Care	CQC Existing Commitments	> 4.0%	≤ 4.0%	≤ 3.5%

	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD
DToC	3.65%	5.29%	4.65%	4.93%	5.51%	4.88%	5.02%	3.43%	3.67%	5.12%	5.97%	4.27%	**4.64%**



APPENDIX B

Quality of Stroke Care								CQC National Priorities					Thresholds vary by quarter
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD
Stroke LOS	56.4%	57.1%	48.5%	53.8%	66.7%	66.7%	80.0%	64.3%	72.7%	56.4%	52.8%	47.7%	**60.9%**

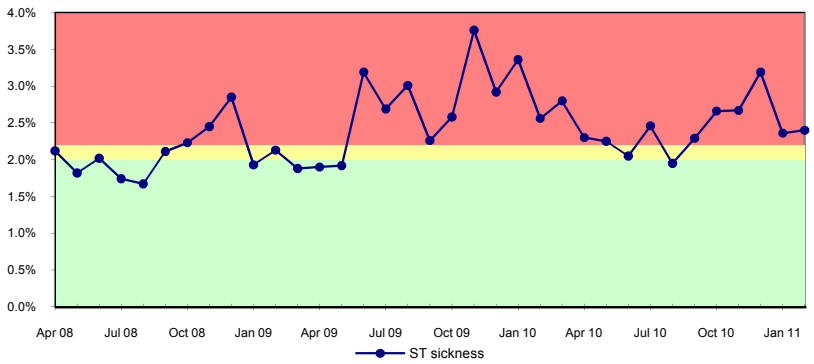


Sickness rate - short term	Workforce - Resources	> 2.2%	2.0-2.2%	≤ 2.0%
Sickness rate - long term		> 2.6%	2.3-2.6%	≤ 2.3%

	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Latest
ST sickness	2.30%	2.25%	2.05%	2.46%	1.95%	2.29%	2.66%	2.67%	3.19%	2.36%	2.40%		**2.48%**
LT sickness	2.00%	1.90%	1.74%	1.90%	2.24%	2.12%	1.91%	1.93%	1.95%	1.79%	1.88%		**2.08%**

In February short term sickness rose to 2.40% from 2.36% in January and long term sickness rose from 1.79% to 1.88%. Total sickness absence therefore rose to 4.28%.

A detailed exception report and update on the action plan included in the February report to the Board of Directors is included as Appendix C.

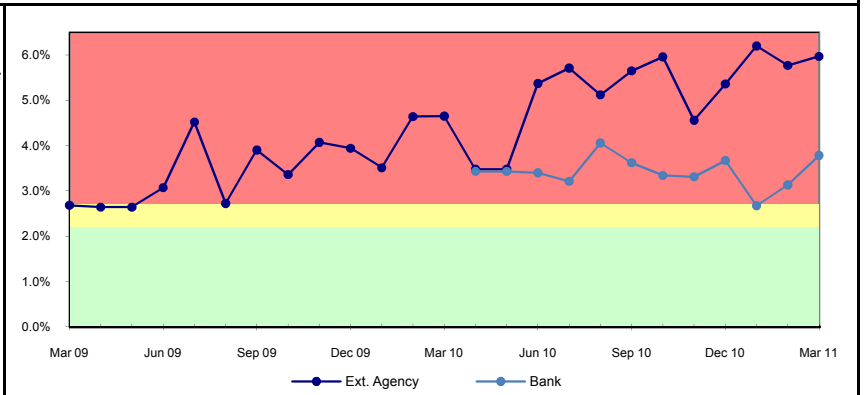


APPENDIX B

Percentage of total staff costs spent on agency & bank staffing								Workforce - Resources	> 2.7%	2.2 - 2.7%	≤ 2.2%
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD
Ext. Agency	3.48%		5.37%	5.71%	5.12%	5.65%	5.96%	4.56%	5.36%	6.20%	5.77%	5.97%	**5.24%**
Bank	3.43%		3.40%	3.21%	4.06%	3.62%	3.34%	3.31%	3.67%	2.67%	3.13%	3.78%	**3.42%**

The percentage of the pay budget spent on external agency in March was £1,518k (5.97%), an increase on £1,436k (5.77%) in February. In March the highest divisional spends were in Divisions 3 of £611k (14.13%) and 2 of £259k (5.70%). External agency spend in Division 5 has increased in the last two months. The majority of that spend was related to medical staff. Two locum medics are currently in post, one post has now been appointed to substantively and the other will be discontinued when the OATS service is discontinued at the end of May.

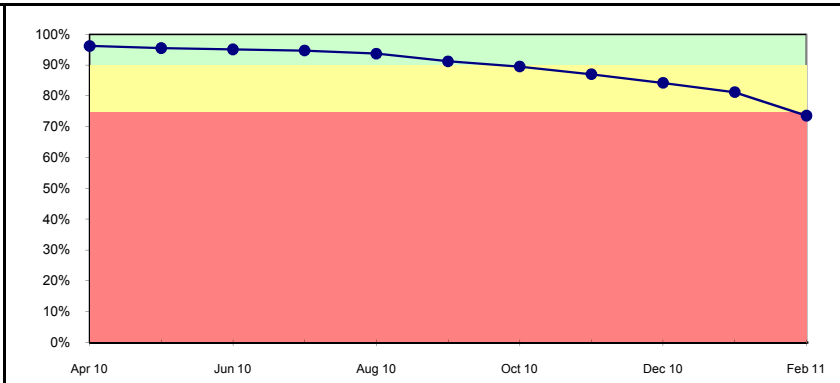
In March 6.86% of total staff spend on medical staff was used for external agency, 7.10% for registered nursing and 14.16% for unregistered nursing and other support staff. Bank spend increased to £961k (3.78%) in March from £779k (3.13%) in February.



Percentage of staff who have had an appraisal in last 12 months								Workforce - Capability	< 75%	75 - 90%	≥ 90%
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	12 mths
PDRS	96.2%	95.5%	95.1%	94.7%	93.7%	91.2%	89.5%	87.0%	84.2%	81.2%	73.6%		**73.6%**

As of 28 February 73.6% of staff had received an appraisal in the last 12 months.

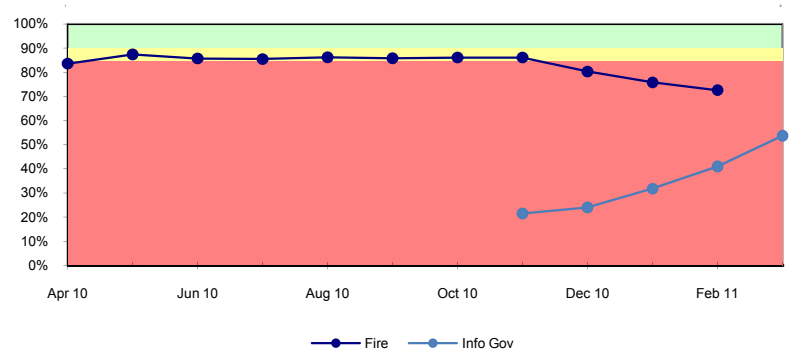
A full exception report outlining the actions already undertaken and proposed to improve performance is included in Appendix D.



APPENDIX B

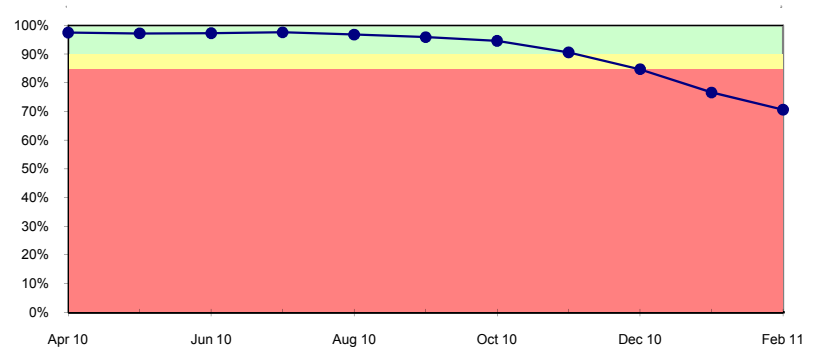
Mandatory Training								Workforce - Capability			< 85%	85-90%	≥ 90%
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Latest
Fire	83.6%	87.4%	85.7%	85.5%	86.2%	85.8%	86.1%	86.1%	80.3%	75.8%	72.6%		**72.6%**
Info Gov								21.5%	24.0%	31.8%	41.0%	53.7%	**57.3%**

As of 28 February 72.6% of staff had received fire training in the last 12 months, a fall from 80.3% at the end of December. As of 31 March 53.7% of staff had received information governance training in the current financial year and as of 11 April this had increased to 57.3%.
A full exception report outlining the actions already undertaken and proposed to improve performance is included in Appendix D.



Percentage of new staff who have completed induction								Workforce - Capability			< 85%	85-90%	≥ 90%
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	12 mths
Local	97.5%	97.2%	97.3%	97.6%	96.8%	95.9%	94.6%	90.6%	84.7%	76.6%	70.6%		**70.6%**

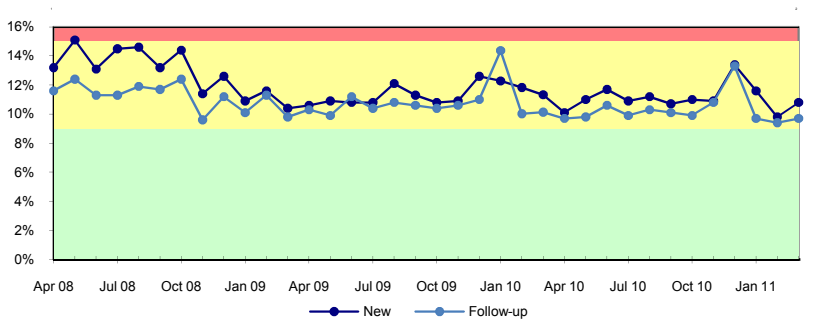
As of 28 February 70.6% of staff recruited in the last 12 months had received local induction.
A full exception report outlining the actions already undertaken and proposed to improve performance is included in Appendix D.



APPENDIX B

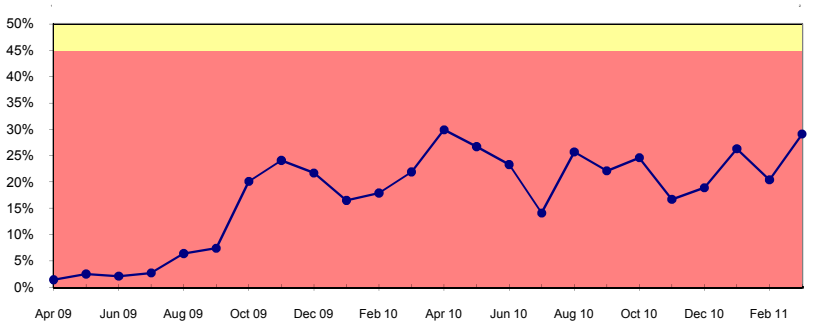
DNA rate								Efficiency - Process			>15%	9-15%	<9%
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD
New	10.1%	11.0%	11.7%	10.9%	11.2%	10.7%	11.0%	10.9%	13.4%	11.6%	9.8%	10.8%	**11.1%**
Follow-up	9.7%	9.8%	10.6%	9.9%	10.3%	10.1%	9.9%	10.8%	13.3%	9.7%	9.4%	9.7%	**10.3%**

The DNA rate for new appointments rose in March from 9.8% to 10.8%. The rate for follow-up appointmnents has risen from 9.4% to 9.7% to 10.0% and that for follow-ups from 9.7% to 9.6%. The overall year to date rate including both new and follow-up appointments remains 10.5%.
Work continues to validate the telephone contact numbers for all clinics to ensure that patients can have their appointment rearranged when they are are unable to attend. Each telephone number has a nominated contact name to ensure that all patients can be dealt with appropriately.



Electronic Patient Survey Response Rate								Patient Experience			< 45%	45 - 50%	≥ 50%
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Latest
% Response	29.9%	26.7%	23.3%	14.1%	25.7%	22.1%	24.6%	16.7%	18.9%	26.3%	20.4%	29.1%	**29.1%**

The response rate for the electronic patient survey rose to 29.1% in March from 20.4% in February. The response rate in recent months has been lower due to problems in obtaining data from the Trust's supplier that has been submitted using the bedside TVs. This has now been resolved. The Patient Experience Team provided additional support and advice to the wards in March to collect the data via other routes to ensure that the response rate was improved from previous months.

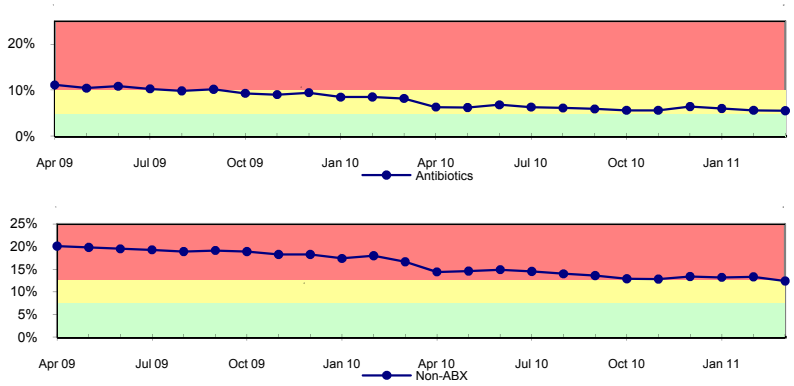


APPENDIX B

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

	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD
Antibiotics	6.3%	6.2%	6.8%	6.3%	6.1%	5.9%	5.6%	5.6%	6.4%	6.0%	5.6%	5.5%	**6.0%**
Non-ABX	14.4%	14.6%	14.9%	14.5%	14.0%	13.6%	12.9%	12.8%	13.4%	13.2%	13.3%	12.4%	**13.6%**

The rate of omitted antibiotic doses fell to 5.5% in March from 5.6% in January. The rate for non-antibiotics also fell from 13.3% to 12.4%.
The latest Executive RCA meeting took place on 25 March. Actions identified included the need to improve the between doctors and nursing staff. The need for greater consistency in the reasons recorded for missed doses was also raised. Procedures for medication administration in the Discharge Lounge are to be reviewed, particularly around the ability to give patients drugs if needed, from their TTOs. The level of support the Trust receives under the current SLA for its liaison psychiatry service was raised, in particular whether the Trust should consider establishing its own 'in-house' service. The need for 'red lines' which show patients who should have been discharged from the system to be addressed by the nurse in charge was highlighted. The number of red lines on PICS will be an internal KPI from



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

	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD
Non-Em Mortality	100.0%	83.3%	88.9%	40.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	70.0%		**89.5%**
Forms sent out	9	6	9	5	7	4	7	4	9	6	10		**76**
Forms completed	9	5	8	2	7	4	7	4	9	6	7		**68**

Completion of non-emergency mortality surveys for the year to date has increased to 89.5% from 89.2% reported last month. There is now a 100% response rate for the period August 2010 to January 2011. Trust-wide there are 3 outstanding surveys from February and 8 for the full year to date. The Divisional Directors have been sent the details of all outstanding audits in their new divisions to allow them to remind the consultants concerned to complete these. Feedback to the surveys continues to be reviewed and actions developed based upon feedback at the Executive Medical Directors' monthly Clinical Quality Monitoring Group.