

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
FRIDAY 3 DECEMBER 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 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 performance against internal targets.
Confidentiality Level & Reason:	N/A
Medium Term 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"> • A&E 4 hour waits • Primary PCI • 62 Day Cancer – GP referral & screening referral • Delayed Transfers of Care • Quality of Stroke Care • Hospital Standardised Mortality Ratio • Short term sickness • External agency and bank spend • DNAs • Length of Stay • Cancelled follow-up outpatient appointments • Electronic Patient Survey response rate • Omitted drugs • Non-emergency mortality audit response rates <p>Further details and action taken are included in Appendix B.</p>
Recommendations:	The Board of Directors is requested to: Accept the report on progress made towards achieving performance targets and associated actions.
Signed:	Date: 25 November 2010

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
FRIDAY 3 DECEMBER 2010

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 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

For national targets exception reports are contained below. Monthly performance data for exceptions are contained in Appendix B. Both MRSA bacteraemias and *Clostridium difficile* cases were in line with trajectory for the year to date to October therefore these indicators are not currently exceptions. Performance against the A&E 4 hour wait target is below the internal threshold of 98% and is therefore an exception. Primary PCI was below target in September and remains below target for the year to date so is an exception. Both the 62 day GP referral and 62 day referral from screening targets were achieved in September; the screening target however remains below the threshold for the year to date therefore an exception report is included for these indicators. Delayed transfers of care continue to be above the threshold. The length of stay element of the Quality of Stroke care indicator is below target for the year to date therefore this indicator is also included as an exception.

Exception reports and monthly data for these indicators as well as internal indicators that are currently red are contained in Appendix B. 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 and Bank spend
- c) DNAs
- d) Length of Stay
- e) Cancelled follow-up outpatient appointments
- f) Electronic Patient Survey response rate
- g) Omitted doses
- h) Non-emergency mortality audits response rates

2.1 A&E 4 hour waits

Performance improved to 97.04% in October from 95.55% in September however it continues to be below the internal threshold of 98%. Year to date performance has therefore increased to 96.73%. In October the median total wait decreased from 3 hours 04 minutes in September to 2 hours 57 minutes in October.

Action taken to improve performance over the month focussed on the redesign of processes to ensure that they worked smoothly. This includes the introduction of regular meetings throughout the day to review all patients in the department and ensure there is a plan for them. Work has been undertaken to extend nursing practice e.g. to allow them to request X-rays. Discharge from the wards has been a priority area to ensure that patient flow through the Clinical Decision Unit is maintained.

An additional consultant commenced work in October and another two consultants are due to commence in January and February which will further increase senior decision-making capacity. An Emergency Department Board has been established with representation from Division 3 Management and senior ED clinicians meeting on a monthly basis.

Performance in November to 17 November is 96.84%. Based on current levels of activity it is now not possible for the Trust to achieve the internal target of over 98% performance for the whole of 2010/11.

2.2 Primary PCI

66.7% of Primary PCI patients in September had a call to balloon time of less than 150 minutes. Year to date performance has therefore decreased to 68.2%.

There were 9 direct referrals to UHB in September of which 6 met the 150 minute target. All three breaches had delays after admission to UHB. In one case this was because the patient was a complex case and therefore took a long time to reperfuse. In the other cases there were problems communicating with the staff required to perform the case. In response to these problems the registrars now carry a bleep to allow them to be contacted anywhere on site. Other on call staff have been reminded of the need to be contactable at all times. All breaches of the target are now discussed at the weekly Cardiology meeting both to reinforce the importance of timely treatment and also to allow problems to be addressed rapidly as soon as they arise.

2.3 Cancer Targets

In September 86.0% of GP referrals were treated within 62 days of referral including rare cancers. In line with the guidance received from

Monitor that it will allow Trusts to agree re-allocation of late referrals as long as there is signed confirmation by the Chief Executives, the Trust has sought to reallocate two breaches from September that were late referrals from other trusts. The referring trusts however have not yet agreed these. To date in 2010/11 six breaches have been reallocated. Further validation of July and August performance has resulted in improved performance for these months that will be included in the DH quarterly performance statistics. Year to date performance for GP referrals is now 84.7% excluding reallocations and 85.4% when the six agreed reallocations are included.

In September 100% of referrals from screening were treated within 62 days of referral. This has increased year to date performance to 89.25%. Based on draft October performance which is 100% the Trust should now be over the 90% target for the year to date.

The Trust achieved both targets in Quarter 2 and consequently the Trust did not declare these targets as risks to Monitor and will not receive the penalty of a 'Red' governance rating from Monitor for not achieving one or both of the targets over three consecutive quarters. The Trust's rating has therefore reverted to 'Green'.

The Root Cause Analysis (RCA) meetings for breaches of the targets continue to be held each month. A feedback session was held in November where the roles and responsibilities of Group Managers and Pathway Co-ordinators were reaffirmed.

The Government will be introducing a new cancer target from 31 December 2010 for subsequent treatments for cancer with radiotherapy. The Trust has installed the "Mosaiq" oncology information system and this is now connected to the "Somerset" system to allow performance on this indicator to be recorded and reported accurately. The Radiotherapy Department already operates an internal maximum wait time of 28 days for radical and 14 days for palliative treatment so this target was expected to be met. Draft October performance shows that 100% of patients were treated within the target therefore the introduction of the target is not expected to be a risk.

2.4 Delayed Transfers of Care

The Trust continues to experience problems with delayed transfers of care which in October were 5.0%, an increase on 4.9% in September. As of 14 November there were 45 inpatients whose discharge is delayed compared to 32 which would, based on average bed occupancy, allow the Trust to meet the 3.5% target.

The Director of Partnerships continues to liaise closely with the discharge team to address any delays with Birmingham City Council and providers of social and NHS continuing care. The Trust is working together with the City Council and NHS South Birmingham to develop

an outline business case for the establishment of a re-enablement centre which would, if successful, reduce the number of delayed discharges.

2.5 Quality of Stroke Care

The trend for improved performance in the percentage of patients who spend greater than 90% of their time on the Acute Stroke Unit (ASU) continued in October with 84.0% of patients meeting the target. The Trust's contractual target with NHS South Birmingham for Quarter 3 is 76% so the Trust met the target. Full Moseley Hall Hospital (MHH) length of stay has yet to be included in this performance however the Trust is aware of 2 patients who were discharged to MHH with length of stay below 90% who are now over target and these have been counted as having had over 90% length of stay. The Trust now has the full complement of Stroke Co-ordinators.

Continued good performance against the TIA target was seen in October with 100% of high risk patients were seen within 24 hours.

2.6 Hospital Standardised Mortality Ratio

Dr Foster Intelligence has updated its calculation of the Trust's 1 year standardised mortality ratio (HSMR). This has seen the reported rate for the Trust increase from 101.24 to 108.06. The Trust believes that the data used by Dr Foster is incorrect and that the reported rate for the Trust is therefore wrong. The Medical Director and Director of Informatics and Patient Administration have met with Dr Foster to discuss the issue with them and they are investigating the problem. Dr Foster is due to publish its Hospital Guide for 2010 at the end of November and the Trust will be publishing accurate mortality data and refuting any inaccurate reporting.

3. **Recommendations**

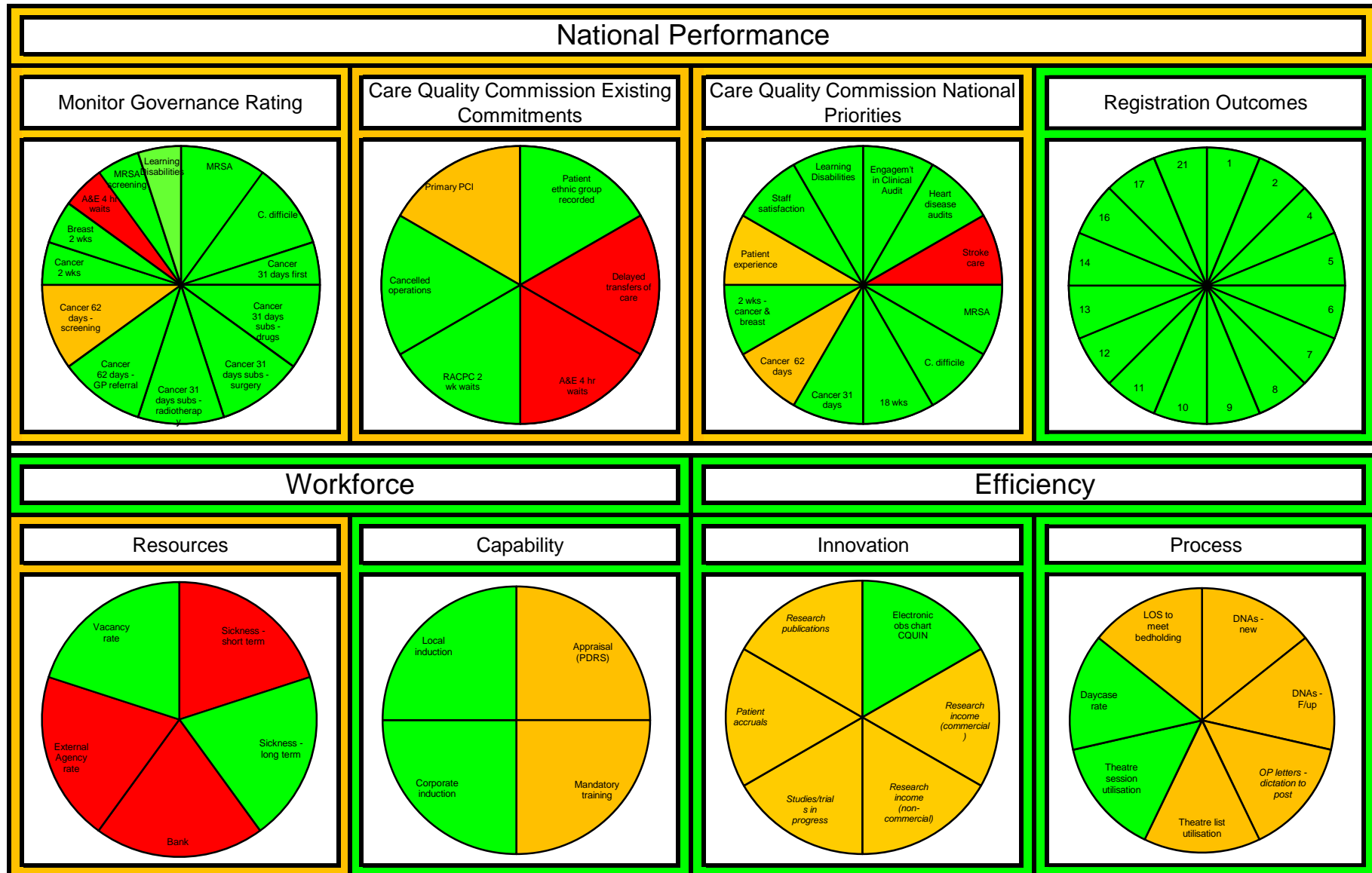
The Board of Directors is requested to:

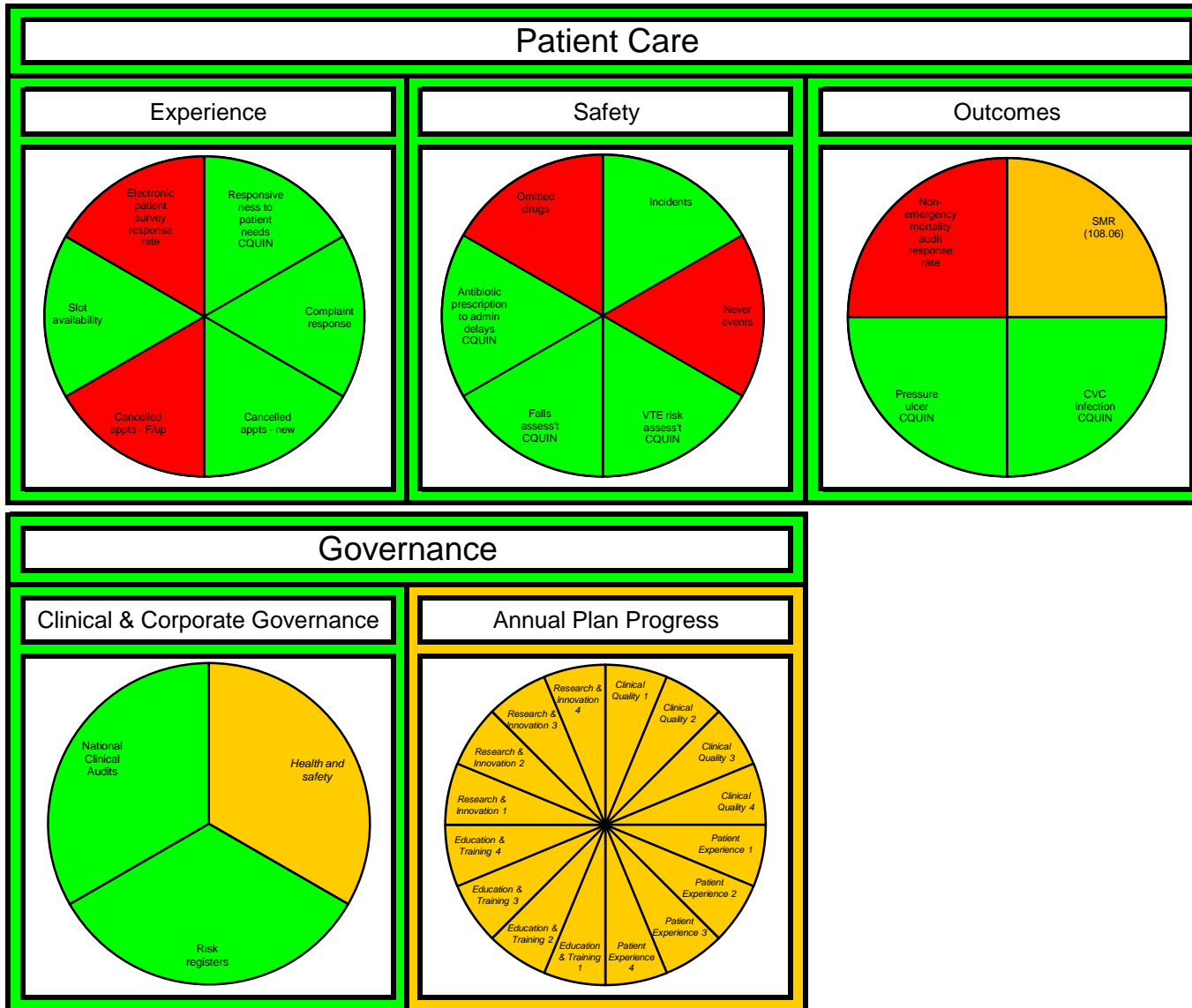
Accept the report on progress made towards achieving performance targets and associated actions.

Tim Jones
Executive Director of Delivery

2010/11 Key Performance Indicator Report

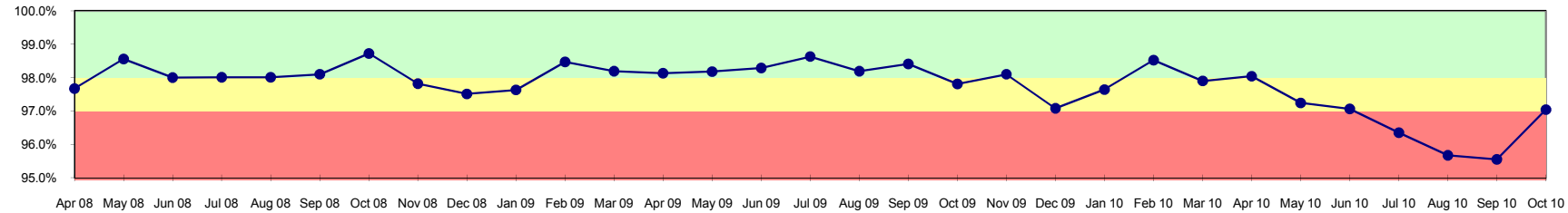
Where data is not currently available indicator names are in italics. These have been assigned 'amber' unless considered high risk where they have been assigned 'red'.



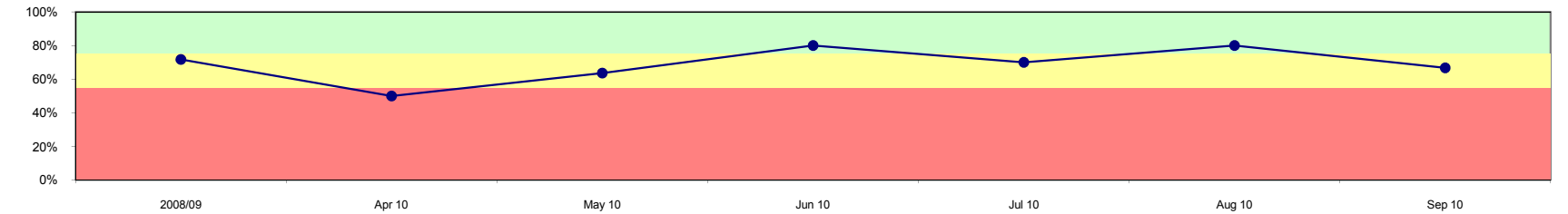


APPENDIX B

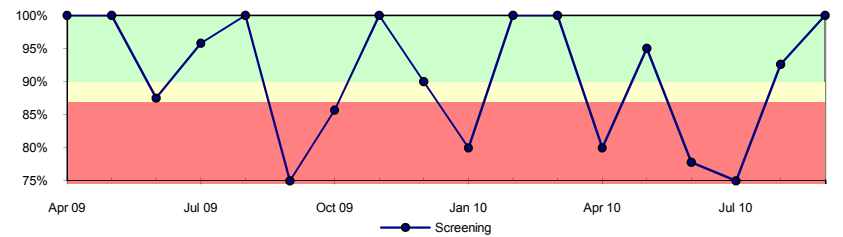
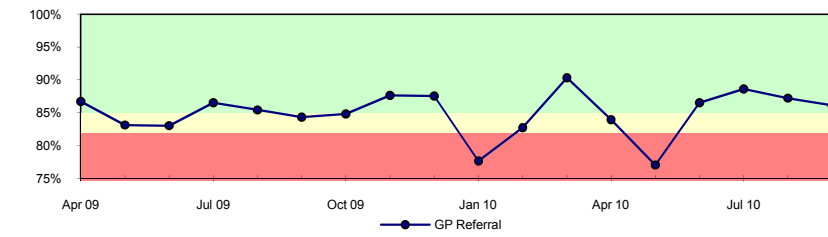
A&E 4 hour waits					Monitor & CQC Existing Commitments							< 97%	97-98%	≥ 98%
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD	
4 hr waits	98.04%	97.24%	97.06%	96.35%	95.67%	95.55%	97.04%						96.73%	



Primary PCI					Monitor & CQC Existing Commitments							< 55%	55-75%	≥ 75%
	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	
150 mins	50.0%	63.6%	80.0%	70.0%	80.0%	66.7%							68.2%	

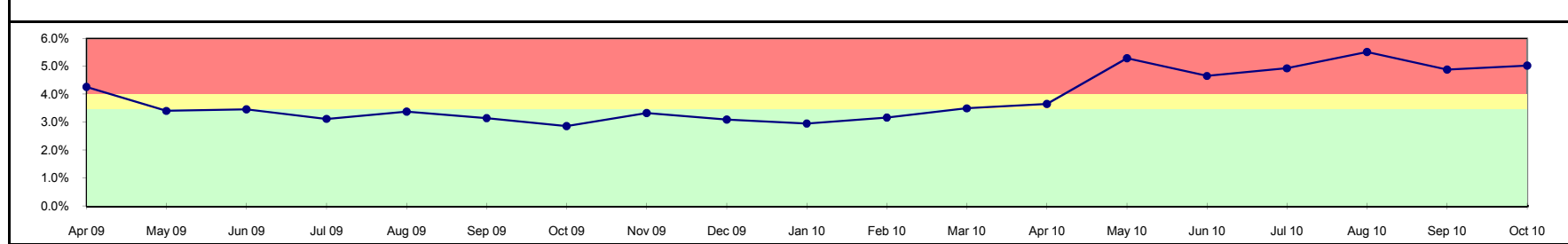


62 Day Cancer							CQC National Priorities						GP Referral	Screening	< 82%	82 - 85%	≥ 85%
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD	< 87%	87 - 90%	≥ 90%	
GP Referral	83.9%	77.0%	86.5%	91.0%	87.1%	86.1%							85.4%				
Screening	80.0%	95.0%	77.8%	75.0%	92.6%	100.0%							89.3%				

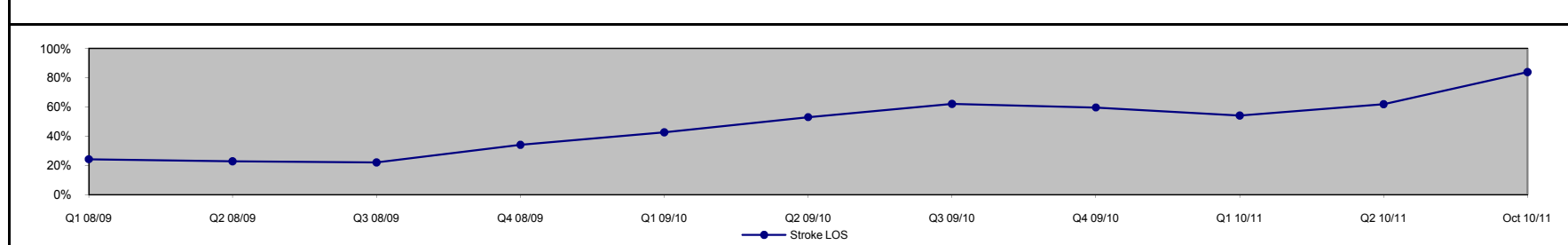


APPENDIX B

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%						4.83%



Quality of Stroke Care								CQC National Priorities			Thresholds not available		
	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%	84.0%						59.9%
TIA	42.9%			87.5%			100.0%						58.1%

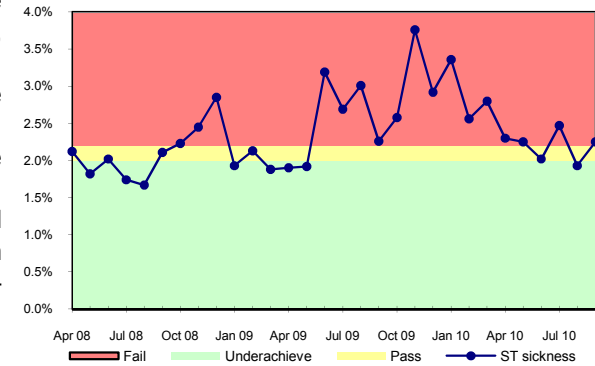


APPENDIX B

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%	2.02%	2.47%	1.93%	2.25%							2.47%
LT sickness	2.00%	1.90%	1.87%	1.74%	2.11%	2.09%							1.74%

Short term sickness increased to 2.25% in September from 1.93% in August; long term absence however decreased slightly from 2.11% to 2.09%. Hotspot areas are Unregistered nursing (7.92%), Ward 517 (17.49%), Switchboard (16.99%), Recruitment Centre (13.33%), Trauma/Plastics-Ward 412 (11.65%) & Ward 410 (14.03%), Bournville Ward (13.65%), Ward 305 (12.70%) and Day Case Theatres (12.51%). Reasons for sickness absence include colds, diarrhoea and vomiting, headache/migraine, musculoskeletal and stress/anxiety. Activity continues to be high across the acute wards and this had led to higher short term sickness.

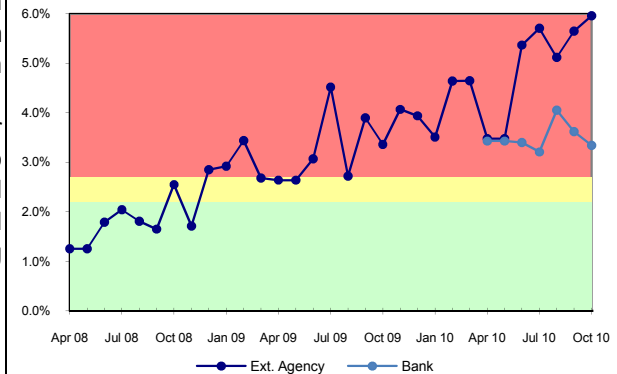
A Boorman Implementation Group has been set up to look at how the Trust can reduce absence and improve the health of staff. The Trust Sickness Absence and Attendance Procedure has now been agreed and joint training with Staff-side will be implemented in December accompanied by an e-learning programme.



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%	5.12%	5.65%	5.96%						4.98%
Bank	3.43%	3.40%	3.21%	4.06%	3.62%	3.34%							3.50%

The percentage of the pay budget spent on external agency in October rose to 5.96% from 5.65% in September. The Year to Date percentage has therefore increased to 4.98%. Bank spend fell from 3.53% in September to 3.50% in October. The highest usage of external agency continues to be in Divisions 3 (11.67%) and 5 (9.00%).

The divisions are working to ensure that vacancies for medical staff are filled by NHS locums for consultant level posts and Junior Specialist Doctors for junior posts. Within Dermatology where two consultant external locums were being used one post has been filled substantively and the second is being advertised as an NHS locum until the substantive appointee starts work. The staff recruited to form a nursing pool to support the Trust through the winter months are currently undergoing employment checks and should be in post in the next few weeks.



APPENDIX B

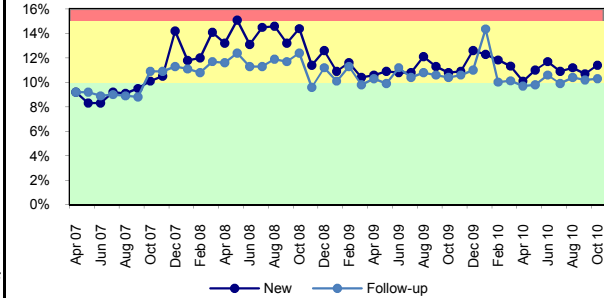
DNA rate								Efficiency - Process				>15%	9-15%	<9%
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD	
New	10.1%	11.0%	11.7%	10.9%	11.2%	10.7%	11.4%						11.0%	
Follow-up	9.7%	9.8%	10.6%	9.9%	10.4%	10.2%	10.3%						10.1%	

The DNA rate for new appointments rose from 10.7% in September to 11.4% and for follow-ups from 10.2% to 10.3%. The actual number of patients who did not attend appointments rose from 1340 in September to 1349 in October for new appointments and fell from 3877 to 3655 for follow-ups. The overall year to date rate still stands at 10.4%.

The fortnightly Taskforce, chaired by the Director of Operations, Division 5, continues to meet and the divisions continue to implement their action plans to reduce DNAs to 9% with the aim of the target being delivered on a monthly basis from January 2011.

A questionnaire has been sent out to 3000 patients who did not attend appointments in October to ascertain the reasons why they did not attend. Over 500 responses have been received to date and these will be analysed to determine what further steps the Trust can take to reduce DNAs.

The Trust is continuing to investigate the possibility of introducing an automated calling system to phone patients to remind them of upcoming appointments and confirm that they intend to attend. A number of companies are demonstrating their systems to the Taskforce in early December following which a trial will be arranged to see if such a system would lead to an improvement.

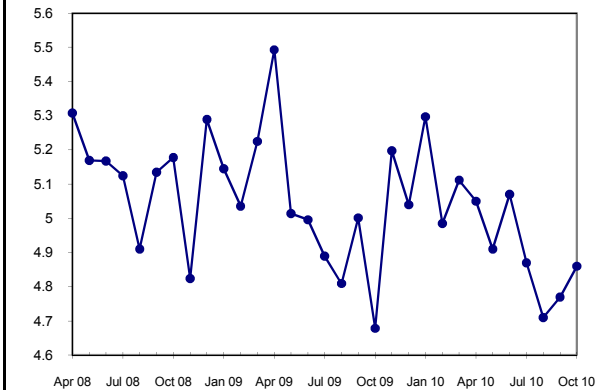


Length of Stay								Efficiency - Process				Thresholds to be agreed		
	Apr 10	May 10	Jun 10	Jul 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	YTD	
AVLOS	5.05	4.91	5.07	4.87	4.71	4.77	4.86						4.89	

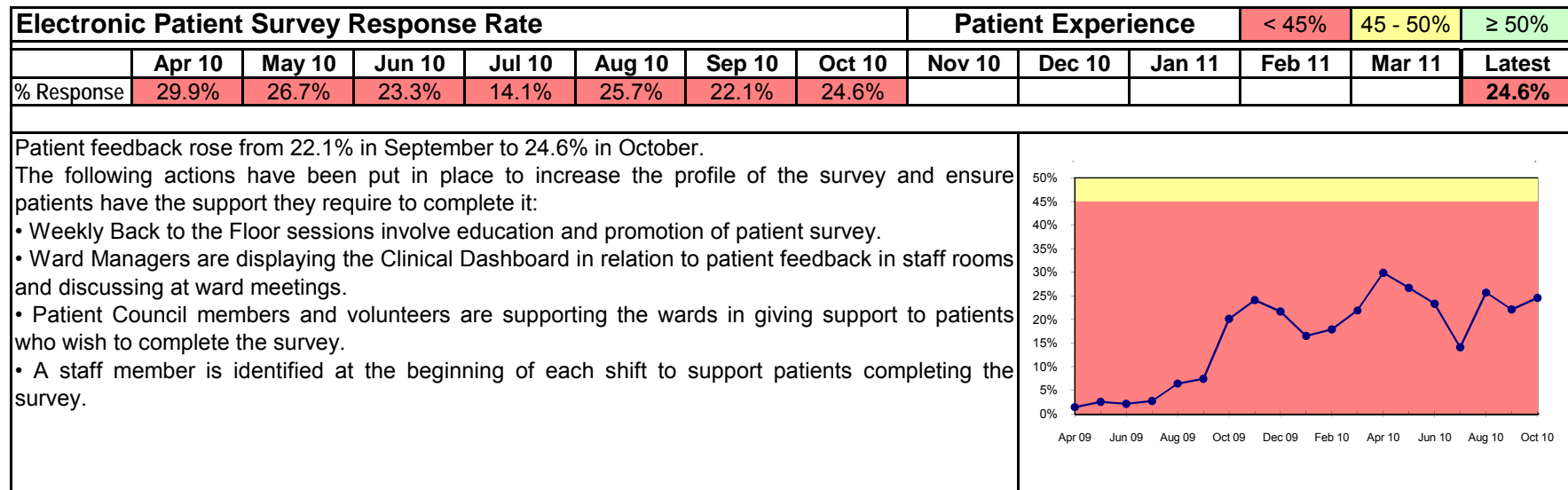
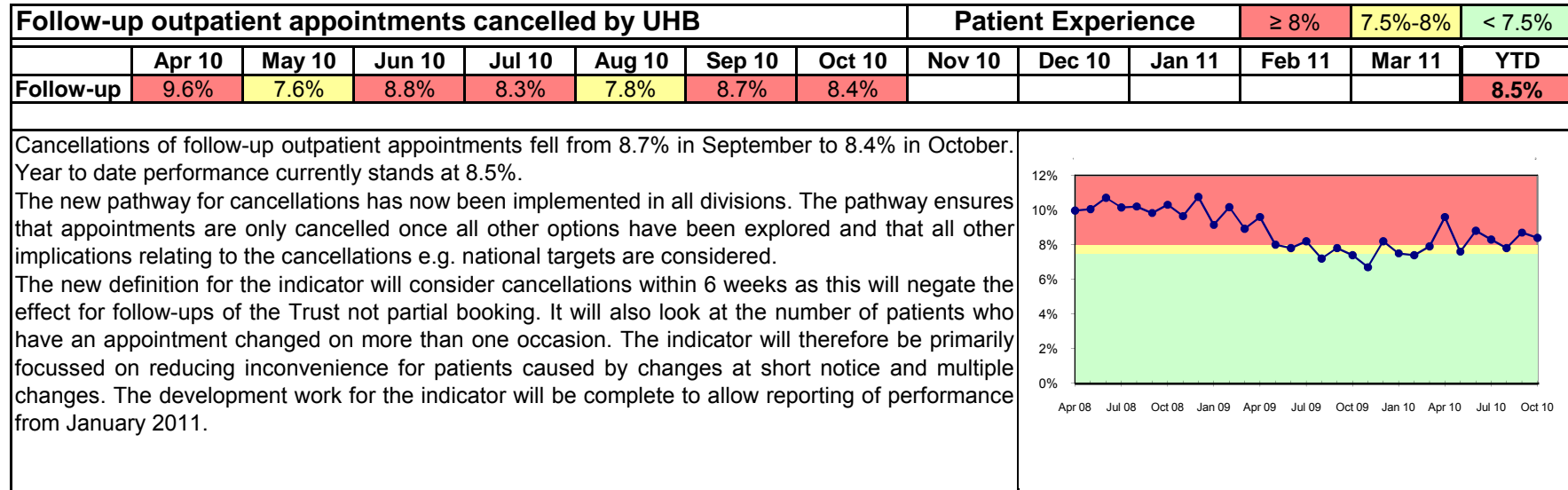
Overall length of stay rose across the Trust from an average of 4.77 days in September to 4.86 days in October. This is below the average length of stay for the year to date of 4.89 days and the average length of stay in 2009/10 of 5.04 days. The average RVU score in 2010/11 to date has fallen from the average in 2009/10: 2.22 vs. 2.37. Total activity for the first 7 months of 2010/11 is ahead of that seen to October in 2009/10: 38628 episodes vs. 37828.

For the year to date, length of stay has increased compared to 2009/10 in the following specialties which have also been a decrease in average RVU score: Cardiology from 3.63 to 3.72 (average RVU score decreased from 3.20 to 3.05), Cardiac Surgery from 7.32 to 8.19 (RVU from 5.80 to 5.63) and Vascular Surgery from 6.84 to 7.79 (RVU from 3.90 to 3.51). Length of stay has also increased in GI Medicine from 4.83 to 5.20 (RVU from 1.93 to 1.90), GI Surgery from 4.35 to 4.37 (RVU from 2.11 to 2.00), Urology from 3.59 to 3.83 (RVU from 19.4 to 1.80), ENT from 2.86 to 3.02 (average RVU from 2.54 to 2.15), Neurology from 8.94 to 10.23 (RVU from 2.57 to 1.86) and Breast Surgery from 3.27 to 3.54 (RVU from 2.04 to 1.89).

In the following specialties average length of stay has increased but average RVU score has also increased: Liver Medicine from 6.34 to 6.72 (RVU increased from 2.52 to 2.66) and Renal Medicine from 9.22 to 9.82 (RVU increased from 2.49 to 2.68).



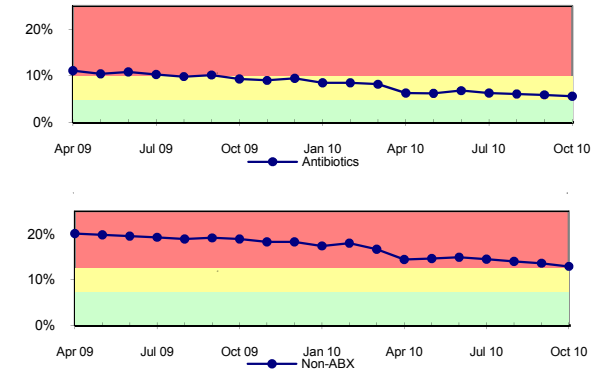
APPENDIX B



APPENDIX B

Omitted drugs - Antibiotics								Patient Safety					> 10%	5-10%	≤ 5%
Omitted drugs - Non-antibiotics													> 12.5%	7.5-12.5%	≤ 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%						6.2%		
Non-ABX	14.4%	14.6%	14.9%	14.5%	14.0%	13.6%	12.9%						14.1%		

The percentage of omitted doses for both antibiotics and non-antibiotics continued to fall in October with the percentage of omitted antibiotic doses falling from 5.9% to 5.6% and that for non-antibiotics falling from 13.6% to 12.9%. The year to date percentages have therefore fallen to 6.2% and 14.1% respectively. The specialties with the highest percentage of antibiotic omissions are Plastic Surgery, Burns and Maxillofacial Surgery. The highest percentage of non-antibiotic omissions are in General & GI Surgery, Maxillofacial Surgery and Urology. The actions from the last executive root cause analysis meeting continue to be implemented and progress will be monitored at the next meeting which is due to take place on 20 December.



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	89.0%	67.0%	78.0%	33.0%	33.0%	80.0%	42.9%						62.5%		
Forms sent out	9	6	9	6	6	5	7						48		
Forms completed	8	4	7	2	2	4	3						30		

Completion of non-emergency mortality surveys for the year to date has decreased from 65.9% in last month's report to 62.5%. Seven surveys were sent out in October of which three have been completed to date. Only one additional outstanding survey has been completed. Divisional Directors have been sent an updated list of all outstanding surveys to allow them to ensure that these are completed.

