

**AGENDA ITEM NO:**

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
THURSDAY 24 FEBRUARY 2011**

<b>Title:</b>	<b>PERFORMANCE INDICATORS REPORT</b>
<b>Responsible Director:</b>	Executive Director of Delivery
<b>Contact:</b>	Andy Walker, Divisional Planning Manager Daniel Ray, Director of Informatics & Patient Administration
<b>Purpose:</b>	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.
<b>Confidentiality Level &amp; Reason:</b>	N/A
<b>Medium Term Plan Ref:</b>	Affects all strategic aims.
<b>Key Issues Summary:</b>	The following indicators are currently not in line with targets and therefore exception reports have been provided: <ul style="list-style-type: none"><li>• A&amp;E 4 Hour Waits</li><li>• Primary PCI</li><li>• Delayed Transfers of Care</li><li>• Quality of Stroke Care</li><li>• Short Term Sickness</li><li>• External Agency and Bank Spend</li><li>• Mandatory Training</li><li>• DNAs</li><li>• Electronic Patient Survey Response Rate</li><li>• Never Events</li><li>• Omitted Drugs</li><li>• Non-emergency Mortality Audit Response Rate</li></ul> Further details and action taken are included in Appendix B.
<b>Recommendations:</b>	The Board of Directors is requested to: <b>Accept</b> the report on progress made towards achieving performance targets and associated actions.
<b>Signed:</b>	<b>Date:</b> 15 February 2011

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 24 FEBRUARY 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 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. Performance against the A&E 4 hour wait target in January, although above the national threshold of 95% was below the internal threshold of 98% and is therefore an exception. Primary PCI was above target in December but remains below target for the year to date so is an exception. Delayed transfers of care were above the threshold in January. The length of stay element of the Quality of Stroke Care indicator was below the Trust's contractual target in January 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. An exception report is also included for DNAs as it continues to be a particular focus area for performance improvement.

The new indicator for Length of Stay was presented at the January Chief Operating Officer's Group (COOG) meeting. A separate meeting is being arranged with the Chief Operating Officer, Divisional Directors of Operations, Informatics and Performance Team following which a "Deep dive" on length of stay will be discussed at the February COOG meeting and this data will therefore be included in next month's Performance Indicators Report.

An incident occurred in December which has now been determined to be an incident classified by the National Patient Safety Agency as a 'Never Event'. Please see the Executive Medical Director's Clinical Quality Report for details of this incident and action taken in response.

The following internal targets are therefore currently considered exceptions:

- a) Short Term Sickness  
(detailed report of action taken included in appendix C)
- b) External Agency & Bank Spend
- c) Mandatory Training
- d) DNAs
- e) Electronic Patient Survey Response Rate
- f) Never Events
- g) Omitted Drugs
- h) Non-Emergency Mortality Audit Response Rates

#### 2.1 A&E 4 hour waits

Performance increased from 93.12% in December to 96.91% in January which is above the national threshold of 95% but below both the internal threshold of 98%. When attendances at the GP-led health centre on Katie Road are included the Trust's performance for the month is 97.96%. Year to date performance stands at 96.41% excluding Katie Road and 97.66% when it is included.

Performance in January was improved as there was a reduction in the number of attendances compared to December and particular emphasis was placed on ensuring that inpatient capacity was used effectively and patients could leave the department promptly. In addition patients were treated more promptly with a median wait from arrival to treatment of 1 hour 06 minutes compared to the year to date median of 1 hour 28 minutes.

A paper setting out a proposal to reconfigure medical staffing for the Emergency Department, Clinical Decision Unit and General Medicine is currently being developed for April's CEAG meeting which would support the sustainable delivery of the existing and new indicators for A&E. The two additional Emergency Department consultants are now due to commence work in March and May. In addition, approval has been received to replace an existing 0.5WTE post for a consultant who has left with a full time replacement resulting in an additional 0.5WTE consultant time.

#### 2.2 Primary PCI

In December 83.3% of Primary PCI patients had a call to balloon time of less than 150 minutes. In addition three cases that breached the 150 minute target in November have now been identified as clinical exceptions and have been removed from the Trust's performance which has increased for that month to 83.3% Year to date performance therefore now stands at 73.4% against the 75% target.

There were 12 direct referrals to UHB in December of which 10 met the 150 minute target. One of the delays was due to an extended

ambulance travel time which was therefore outside of the Trust's influence. The second breach experienced delays both prior to the activation of the PCI pathway in the Emergency Department and in transport between the ED in the QEHB and the cath labs in the old QEH.

The cath labs moved to the New Hospital in January and therefore delays of this type should be avoided in future. The Cardiology and Emergency Department teams are now meeting regularly which has placed a focus on the speed of activation of the pathway. In addition root cause analysis of breaches with both teams is taking place to allow delays to be reviewed and improved clinical validation to take place.

### 2.3 Delayed Transfers of Care

An increased number of delayed transfers of care were seen in January with the national indicator showing performance of 5.1% compared to 3.7% in December. In the last week of January there were 48 inpatients whose discharge was delayed compared to 33 in the last week in December.

Only approximately half of delays in January were attributable to Birmingham City Council's Social Services. There were a large number of patients funded by neighbouring Local Authorities which introduces delays into discharge processes as the pathways are used less frequently. The number of Birmingham patients delayed was reduced because of the Care Home Select deal arranged by the Trust, which moved 22 Birmingham residents into interim care, who have then been case managed by Care Home Select, funded by the PCT.

### 2.4 Quality of Stroke Care – Length of Stay

In January 56.4% of stroke patients discharged spent greater than 90% of their time on the Acute Stroke Unit (ASU), a fall from 72.7% in December. The Trust's contractual target with NHS South Birmingham for Quarter 4 is 80%. Moseley Hall Hospital (MHH) length of stay has yet to be included in this performance.

Performance in January continued to be affected by the high levels of activity and resultant capacity problems experienced. Root cause analysis (RCA) of all breaches is now taking place analysing the first 12 hours of admission to identify the reason why the patient was not promptly admitted to the ASU. The first meeting to examine trends found by RCAs of breaches in January is to take place on 17 February. In addition it has now been agreed that non-stroke capacity on Ward 411 where the ASU is located will be managed more flexibly to allow stroke capacity to be "flexed up" when high levels of activity require it.

Based on data supplied by the Birmingham, Sandwell and Solihull Stroke Network, none of the three Birmingham acute Trusts hit the 80% target in December 2010. Sandwell and West Birmingham NHS Trust had performance of 78% and Heart of England NHS Foundation Trust achieved 70% compared to UHB's 73%.

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**