

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
 BOARD OF DIRECTORS
 THURSDAY 24 JUNE 2010

Title:	PERFORMANCE INDICATORS REPORT & REVIEW OF KEY PERFORMANCE INDICATORS FOR 2010/11
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:	<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 • <i>C. difficile</i> • Quality of Stroke Care • Delayed Transfers of Care • 62 day GP referral to treatment • 62 day referral from screening to treatment • Short term sickness • Electronic Patient Survey response rate • Omitted non-antibiotic doses • Readmission & non-emergency mortality audits response rates <p>Further details and action taken are included in Appendix B.</p>
Recommendations:	<p>The Board of Directors is requested to:</p> <p>Accept the report on progress made towards achieving performance targets and associated actions.</p>
Signed:	Date: 11 June 2010

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BOARD OF DIRECTORS
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**PERFORMANCE INDICATORS REPORT &
REVIEW OF KEY PERFORMANCE INDICATORS FOR 2010/11**
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. A&E 4 hour waits and stroke length of stay were below target and delayed transfers of care and the number of post 48 hour C. difficile cases exceeded the threshold in May therefore these indicators are included. A report on the cancer targets is included as the 62 day GP referral and 62 day referral from screening targets were below target for April.

The exception report this month only contains reports on those internal indicators that are red. Agency spend is not included as accounts are not produced for month 1 therefore the data for this indicator is not available. Cancellation of follow-up outpatient appointments was amber in May therefore this indicator has returned to quarterly exception reporting.

The following internal targets are currently red:

- a) Short term sickness
- b) Electronic Patient Survey response rate
- c) Omitted non-antibiotic doses
- d) Readmission & non-emergency mortality audits response rates

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

Top level grouping		2nd level grouping	KPI	Weighting	New?			
National Performance	Amber	Monitor targets	MRSA	1				
			<i>C. difficile</i>	1				
			Cancer					
			31 days first	0.5				
			Cancer					
			31 days subs - drugs	1				
			Cancer 31 days subs - surgery	1				
			Cancer 31 days subs - radiotherapy	1				
			Cancer					
			62 days - GP referral	1				
			Cancer 62 days - screening	1				
			Cancer					
			2 wks	0.5				
			Breast					
			2 wks	0.5				
			18 wks - admitted	1				
			18 wks - non-admitted	1				
			A&E 4 hr waits	0.5				
			MRSA screening	0.5				
			Learning Disabilities	0.5				
			Existing Commitments					
						Patient ethnic group recorded	1	
						Delayed transfers of care	1	
						A&E 4 hr waits	1	
						RACPC 2 wk waits	1	
						Cancelled operations	1	
						Primary PCI	1	
			National Priorities					
			Engagem't in Clinical Audit	1				
			Heart disease audits	1				
			Stroke care	1				
			MRSA	1				
			<i>C. difficile</i>	1				
			18 wks	1				
			Cancer 31 days	1				
			Cancer 62 days	1				
			2 wks - cancer & breast	1				
			Patient experience	1				
			Staff satisfaction	1				
			Learning Disabilities	1	New			
Core Standards								
			1	1	New			
			2	1	New			
			4	1	New			
			5	1	New			
			6	1	New			
			7	1	New			
			8	1	New			
			9	1	New			
			10	1	New			
			11	1	New			
			12	1	New			
			13	1	New			
			14	1	New			
			16	1	New			
			17	1	New			
			21	1	New			

Patient Care	Experience	Responsiveness to patient needs CQUIN	1 New
		Complaint response	1 New
		Cancelled appts - new	1
		Cancelled appts - F/up	1
		Slot availability	1 New
		Electronic patient survey response rate	1 New
	Safety	Incidents	1 New
		Never events	1 New
		VTE risk assess't CQUIN	1
		Falls assess't CQUIN	1
		Antibiotic prescription to admin delays CQUIN	1
		Omitted drugs	1 New
	Outcomes	SMR (103.97)	1 New
		CVC infection CQUIN	1
		Pressure ulcer CQUIN	1
Readmission audit response rate		1 New	
	Non-emergency mortality audit response rate	1 New	
Workforce	Resources	Sickness - short term	1
		Sickness - long term	1
		Internal Agency rate	1 New
		External Agency rate	1
		Vacancy rate	1 New
	Capability	PDRS	1 New
		Mandatory training	1 New
		Corporate induction	1 New
		Local induction	1 New
Efficiency	Innovation	Electronic obs chart CQUIN	1 New
		Research income (commercial)	1 New
		Research income (non-commercial)	1
		Studies/trials in progress	1 New
		Patient accruals	1
		Research publications	1 New
	Process	DNAs - new	1 New
		DNAs - F/up	1 New
		OP letters - dictation to post	1
		Theatre list utilisation	1
Theatre session utilisation		1	
	Daycase rate	1	
	LOS to meet bedholding	1	
Governance	Clinical & Corporate Governance	Health and safety	1 New
		Risk registers	1 New
		National Clinical Audits	1 New
	MTP progress	Clinical Quality 1	1 New
		Clinical Quality 2	1 New
		Clinical Quality 3	1 New
		Clinical Quality 4	1 New
		Patient Experience 1	1 New
		Patient Experience 2	1 New
		Patient Experience 3	1 New
		Patient Experience 4	1 New
		Education & Training 1	1 New
		Education & Training 2	1 New
		Education & Training 3	1 New
		Education & Training 4	1 New
Research & Innovation 1	1 New		
Research & Innovation 2	1 New		
Research & Innovation 3	1 New		
Research & Innovation 4	1 New		

29/07/2009

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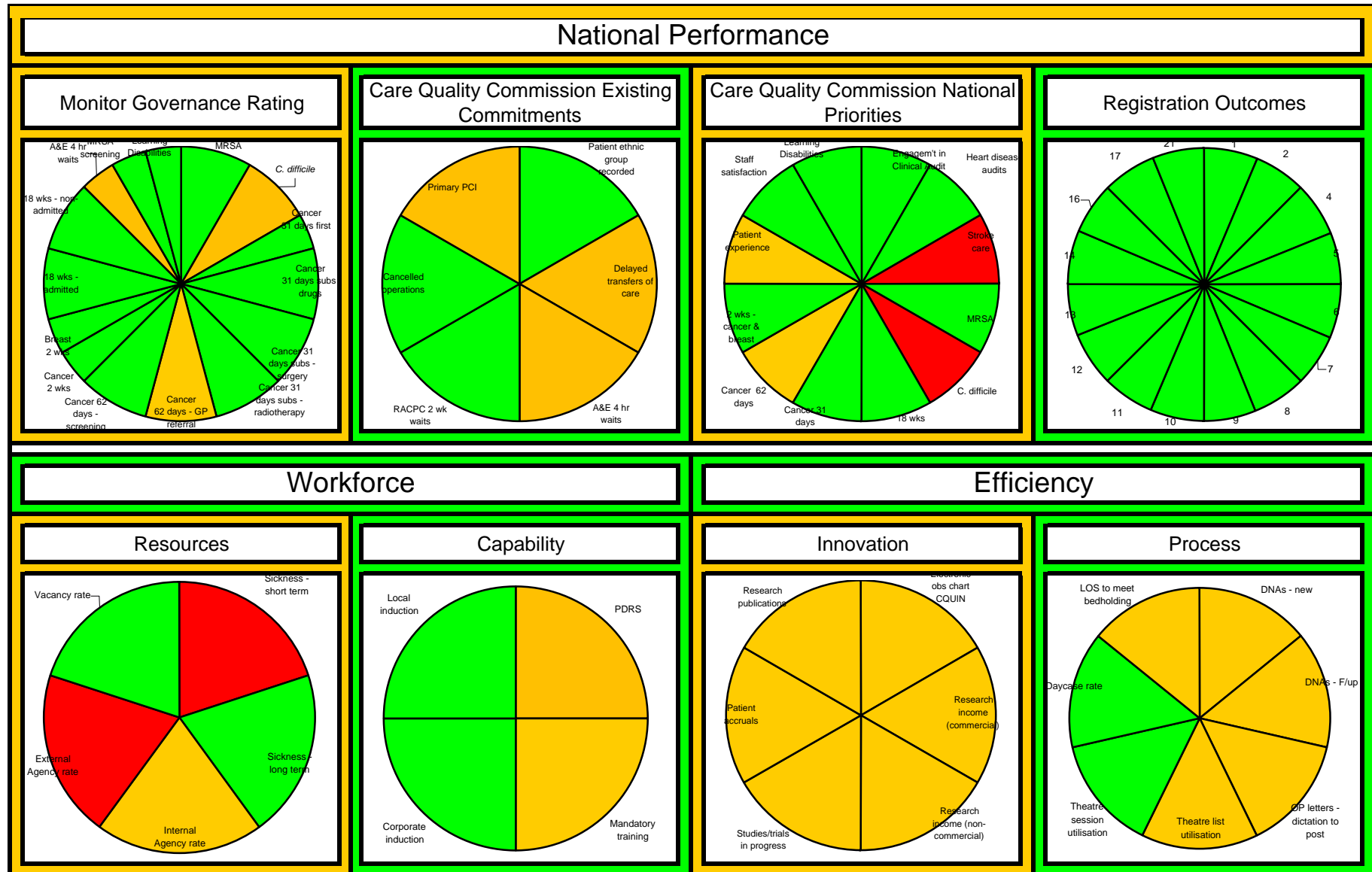
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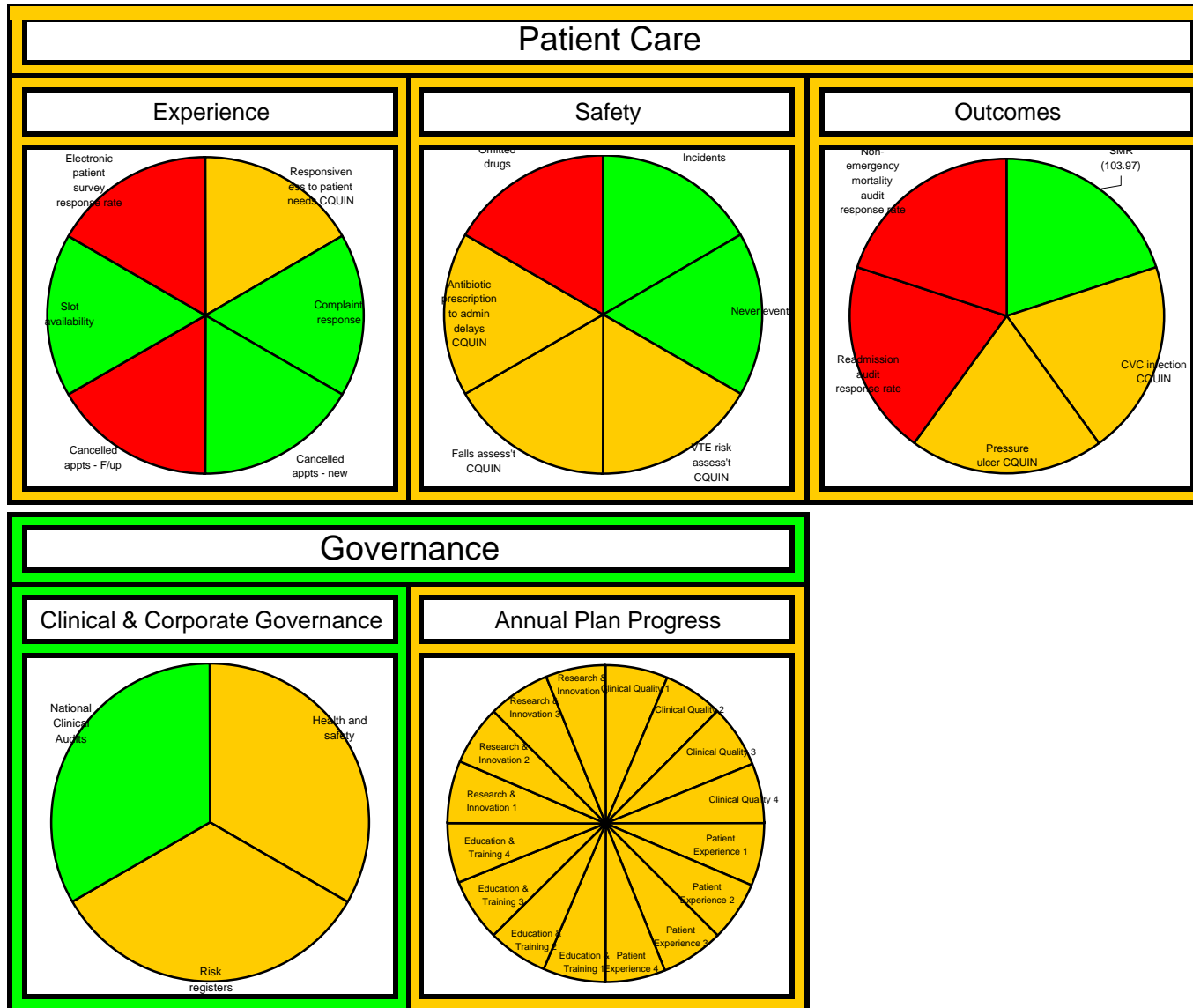
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2010/11 Key Performance Indicator Report

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

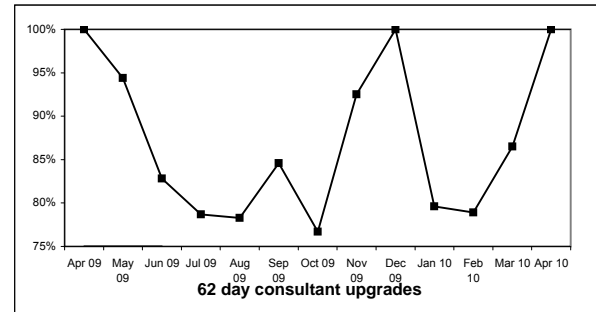
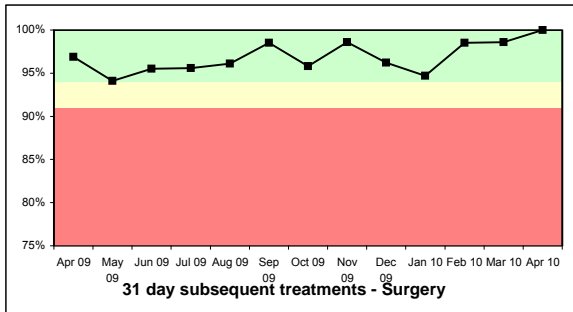
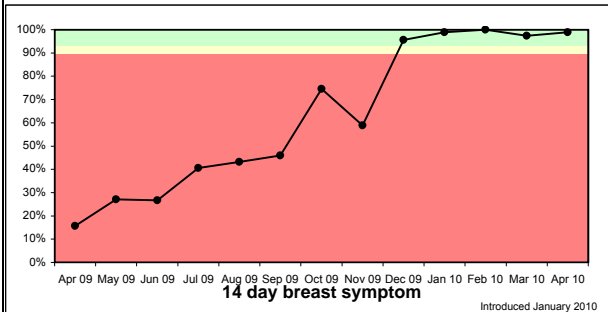
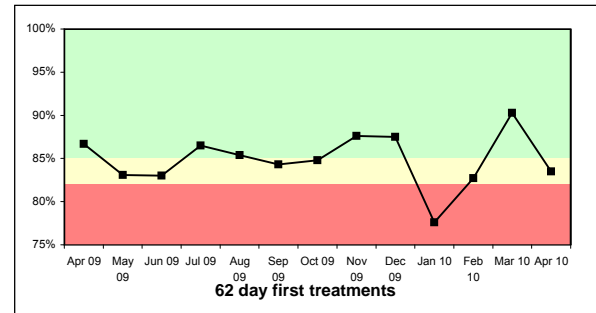
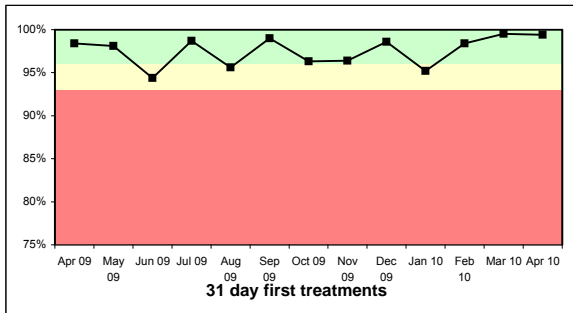
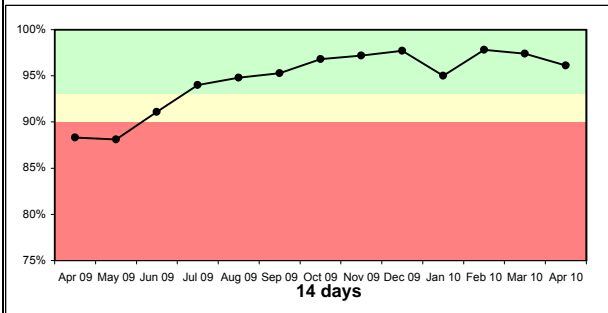




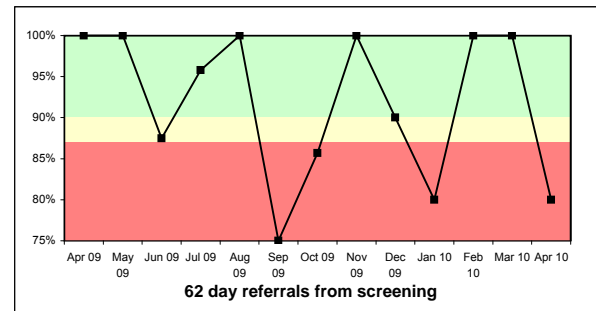
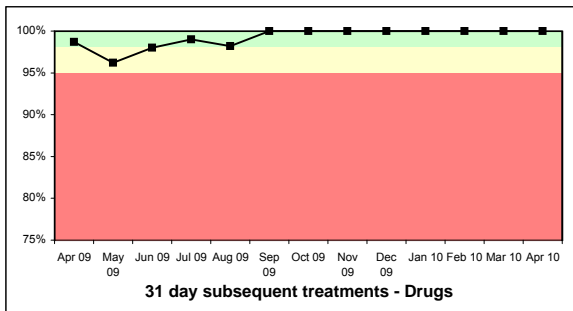
APPENDIX B

Exception Report for 24 June 2010 Board of Directors' Performance Report

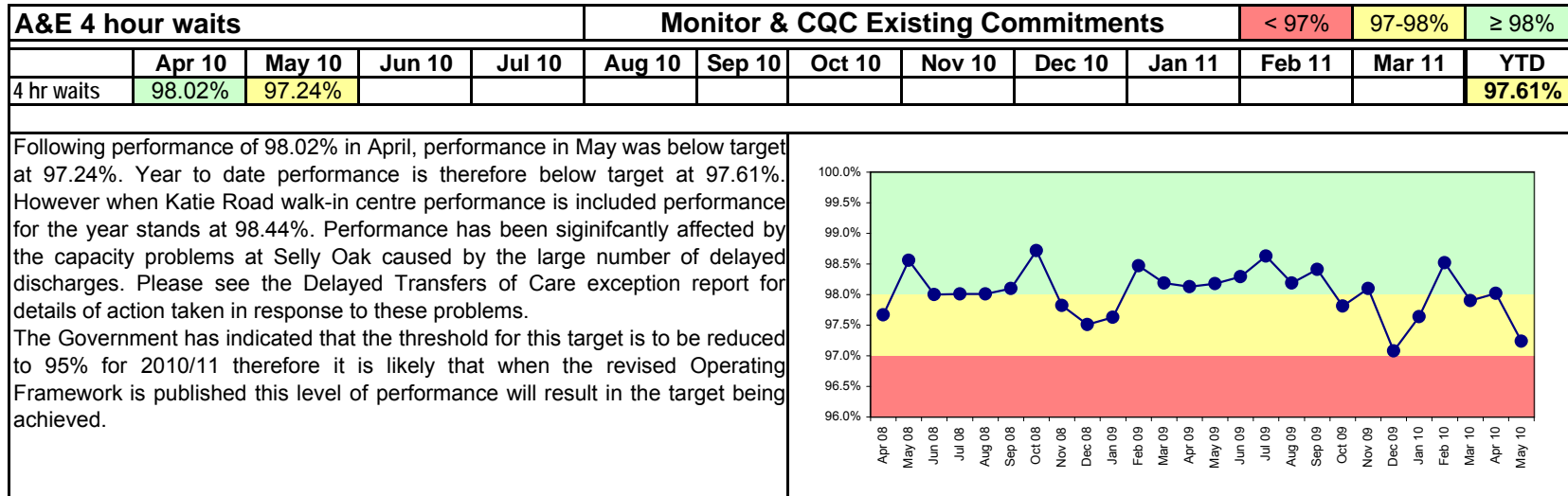
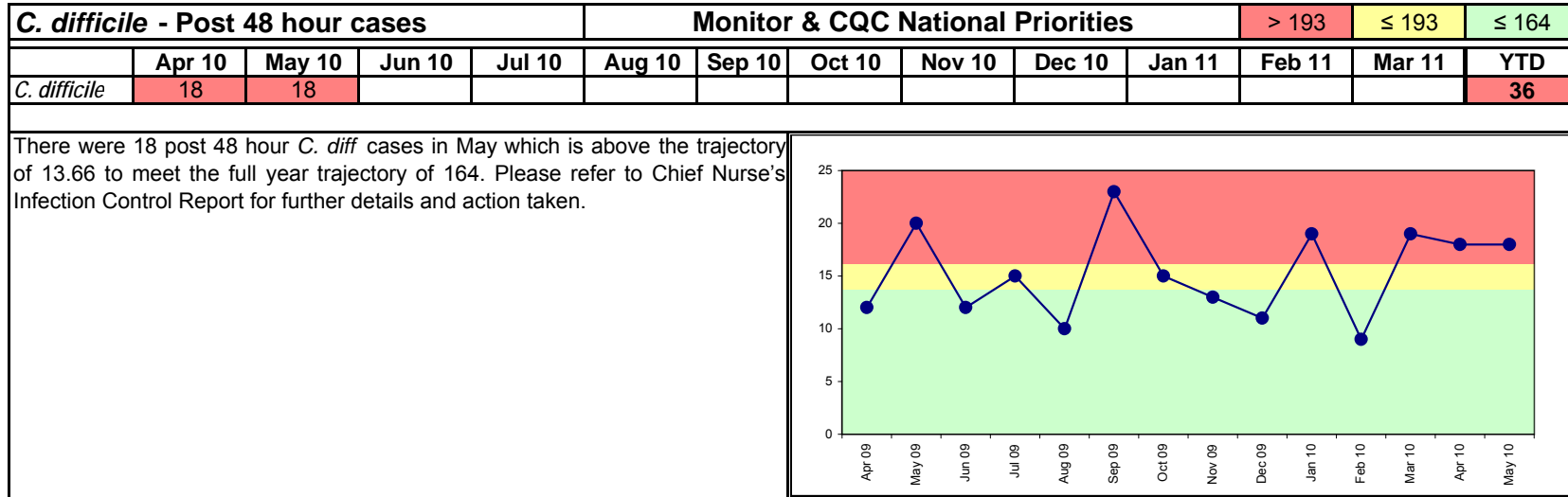
Expanded Cancer Targets											National Targets			
	Target	Apr 09	May 09	Jun 09	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10	YTD
14 day cancer	93%	96.1%												96.1%
14 day breast symptom	93%	98.9%												98.9%
31 day first treatments	96%	99.4%												99.4%
31 day subsequent treatments - Surgery	94%	100.0%												100.0%
31 day subsequent treatments - Drugs	98%	100.0%												100.0%
62 day first treatments	85%	83.5%												83.5%
62 day consultant upgrades	No target set	100.0%												100.0%
62 day referrals from screening	90%	80.0%												80.0%



The Trust did not achieve the 62 day GP referral and 62 day referral from screening targets in April 2010. All the other targets were met. A proportion of breaches continue to relate to patient choice and also to late referrals from other trusts. 2 patient breaches of the 62 day GP referral target related to late referrals; the full pathways for these patients are awaited and if these meet the rules for reallocation UHB will seek to have these breaches reallocated; if reallocation is successful the Trust's performance will increase to 85.5%. The Trust is currently recruiting additional cancer pathway assistants who will add additional capacity for the identification and tracking of patients included in the targets and allow prompt action to be taken if they are likely to breach. The Trust has now agreed a further 2 reallocations of breaches of the 62 day GP referral target for 2009/10 which has increased performance for the full year to 85.12%, above the 85% threshold. A further possible 4 reallocations are still in negotiation with the referring trusts.



APPENDIX B



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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	50.0%	47.1%											41.8%

The percentage of stroke patients spending greater than 90% of their length of stay on a stroke unit in May 2010 was 47.1%. Following additional discharges the percentage for April admissions has increased to 50%. These figures do not include Moseley Hall Hospital length of stay which is only available on a quarterly basis as agreed contractually with NHS South Birmingham but the percentage should improve when it is included. The capacity problems seen at Selly Oak have made it difficult to protect the stroke admission beds on the unit but Division 3 has taken steps to ensure that these are only used when all other capacity has been exhausted to ensure that, as far as possible, the unit is always able to take patients admitted following a stroke.

Performance was also affected by the closure of stroke unit to admissions for a week in May due to an outbreak of norovirus. Some patients not able to be admitted to the unit during this period will be discharged in June so next month's performance is also likely to be affected.

Period	Percentage
Q1 08/09	25%
Q2 08/09	23%
Q3 08/09	22%
Q4 08/09	35%
Q1 09/10	42%
Q2 09/10	52%
Q3 09/10	62%
Q4 09/10	60%
Apr 10	50%
May 10	47.1%

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	3.8%												3.8%	

Delayed transfers of care rose to 3.76% in April from 3.49% in March against a target of 3.5%. There were 187 delays over the month. The current financial climate has led to Birmingham City Council cutting back on agency and overtime for social workers. This has resulted in severe delays in Social Services arranging care packages for patients who are ready for discharge. In some cases there has been a delay of 18 days between social services being told that a package needs to be arranged and a social worker being assigned to the case. The problems have been compounded further by the closure of 30 community hospital beds in early May by South Birmingham Community Health. In the first 8 weeks of the financial year there have been 340 delayed discharges compared to 311 in 2009/10.

Additional capacity has been opened at both SOH and QEH to compensate for that lost due to beds being occupied by patients with delayed discharges. Daily teleconferences are being held with NHS South Birmingham and the problems with social services have been escalated within Birmingham City Council. Additional social workers were put in place over the weekend of 22-23 May to arrange packages of care. South Birmingham Community Health is to open an additional 10 beds for patients for those requiring NHS funded continuing care. The Discharge Team is reviewing all medical patients to identify whether there are any blockages to discharge that can be readily resolved (e.g. provision of equipment).

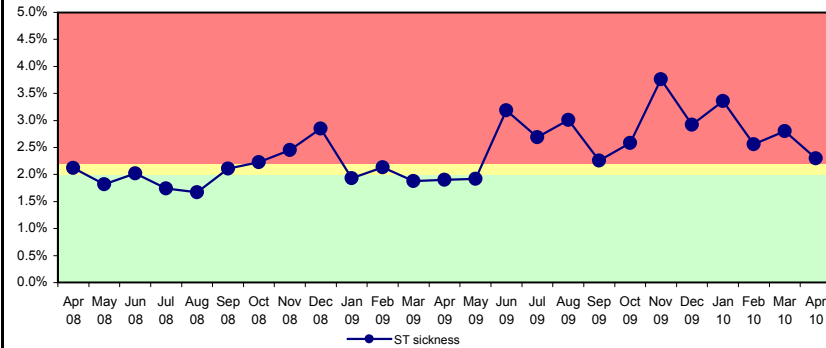
Month	DToC (%)
Apr 09	4.3%
May 09	3.4%
Jun 09	3.5%
Jul 09	3.1%
Aug 09	3.4%
Sep 09	3.2%
Oct 09	2.9%
Nov 09	3.3%
Dec 09	3.1%
Jan 10	3.0%
Feb 10	3.2%
Mar 10	3.5%
Apr 10	3.8%

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	YTD		
ST sickness	2.30%												2.30%		
LT sickness	2.00%												2.00%		

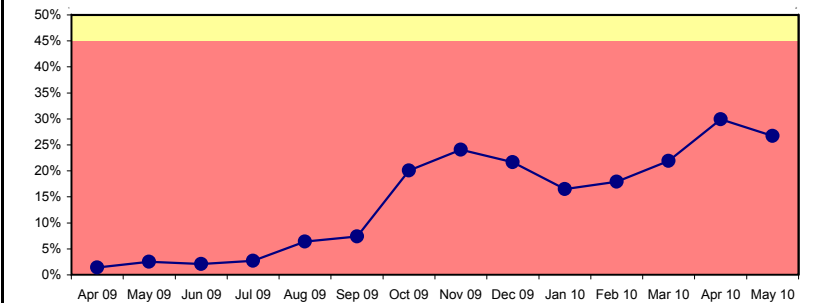
For the month of April 2010 the Trust sickness absence rate was 4.30%; a fall from 4.65% in March. Short term absence fell from 2.80% from 2.30% and long term absence rose from 1.85% to 2.00%.

The hotspot areas are: Unregistered nursing, West 2, West 3, A5, C3, D4, S8, Edgbaston, Phlebotomy and Cardiac Theatres. Reasons include D&V, post-surgery recovery, stress and musculoskeletal issues. The action plan to tackle sickness has been in place since February and appears to have had an impact on the absence rates. It is envisaged that after the move to QEHB some current hotspots may increase whilst others decrease; these areas will be closely monitored.



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%											26.7%		

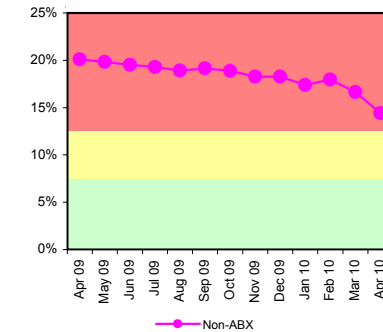
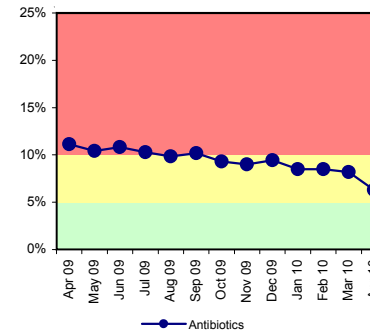
Patient feedback in April fell to 26.7% from 29.9% in April. Division 3 saw a significant rise in feedback from 28.7% to 33.0%. There are now 13 wards receiving greater than 50% feedback, up from 9 in April and 22 receiving greater than 20% feedback. Divisional action plans to improve participation continue to be implemented.



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%											6.2%		
Non-ABX	14.4%	14.6%											14.6%		

The percentage of omitted antibiotic doses fell in May to 6.2% from 6.3% in March. The percentage of omitted non-antibiotic doses however rose slightly from 14.4% to 14.6%. The second root cause analysis meeting took place on 26 May. This identified problems with patients who are nil by mouth (NBM) not being given drugs when they could be; clarification is to be provided to nursing staff about which drugs can be given when patients are NBM. Possible improvements to PICS to allow the automatic ordering of non-stock drugs and the matching of drug rounds in PICS to the actual practice on wards for the time of drug rounds are being investigated. The roll out of PICS to Theatres is also being investigated so that doses given in theatre are not recorded as omitted. Staff are to be encouraged to make use of the patient leave function in PICS and consultants encouraged to review PICS prescriptions on ward rounds.



Readmission audit response rate										Patient Outcomes			< 80%	80-90%	> 90%
Non-emergency mortality audit response rate													< 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		
Readmissions	27.5%	20.3%											24.0%		
Non-Em Mortality	87.5%												87.5%		
Forms sent out	7												7		
Forms completed	8												8		

The response rate for readmission audits for May 2010 is 20.3%. A new readmission module of Healthcare Evaluation Data (HED) tool has been developed by Informatics which shows comparative data for readmissions for the whole of England. It also allows readmissions to other hospitals to be tracked as well as patients readmitted to UHB following discharge from other hospitals. The tool identifies patients with a readmitting diagnosis that is potentially similar to the discharge diagnosis. Analysis on readmissions is particularly pertinent as the Secretary of State has announced that hospitals will not be paid for the treatment of patients readmitted within 30 days of discharge. There continues to be one outstanding response for April 2010 for the non-emergency mortality audit which has not been completed because the patient's notes are with the coroner.

