

Chairman/CEO's ActionRef: **CC11/002**

Action Ref:

Date: 7/9/11

NIHR Surgical Reconstruction and Microbiology Research Centre ("SRMRC") - Contract between the Secretary of State for Health and University Hospitals Birmingham NHS Foundation Trust

As previously reported to the Board, UHB was designated an NIHR Centre for Surgical Reconstruction and Microbiology in January 2011, recognising the translational medicine potential associated with UHB's position as the main centre for military Aero-medical evacuation, its hosting of the Royal Centre for Defence Medicine and its position as a major trauma receiving centre within the West Midlands added to UoB's strengths within materials and microbiological research.

Negotiations regarding the contract between UHB and the DH have now been completed and the contract is in agreed form. A number of amendments were required to the draft format provided to us by the Department of Health, all of which have now been accepted. The payment schedule as outlined on this contract will allow for a quarterly payment to the Trust for this research activity prior to 22nd September (£199,538 immediately post contract signing with an additional £299,309 on or before 30th September). The total value of the contract is £10m over five years.

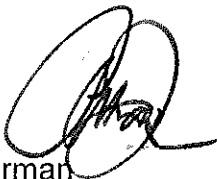
Chair/CEO emergency action is required to authorise the contract to be signed prior to the next Board of Director's meeting on 22nd September 2011, thus allowing early payment of the amounts referred to above.

The Chairman and the Chief Executive are asked to, on behalf of the Board of Directors, authorise any one or more Executive Directors of the Trust, severally, to exercise the powers of the Trust in relation to all matters arising in connection with the SRMRC, without limitation, including authority to negotiate, approve, amend, sign, execute and deliver any Contractual Documents in connection with the SRMRC and to do all such acts and things as may be required in order to implement the Trust's participation in the SRMRC including, without limitation, the finalising and delivery of all such notices, confirmations, applications, letters, transfers, appointments, certificates, powers of attorney deeds, forms, notice of drawing, notice of withdrawal or notice of utilisation and any other documents as required save that, where any such other documents are deeds, execution will be by any two Executive Directors or an Executive Director and the Foundation Secretary.



Mr. T. Jones
Executive Director for Delivery

Approved:



Chairman

Approved:



Chief Executive

Date: 7/9/11

Copied for Action to: Director of Corporate Affairs
Deputy Director of Delivery

Date: 7/9/11

Completed/Implemented:

Date: 7/9/11

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|-----------------------|----------------------|
| Chairman/CEO's Action | Ref: CC11/001 |
| | Action Ref: |
| | Date: 30/08/11 |

EXTERNAL PUBLICATION OF PERFORMANCE FOR THE A&E CLINICAL QUALITY INDICATORS

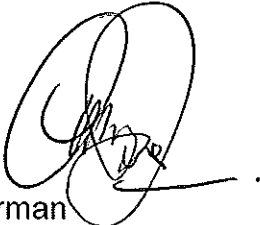

Guidance published at the end of June 2011 by the Department of Health requires trusts to publish performance data for the new A&E Clinical Quality Indicators for the past 25 months up to July 2011 by 31 August 2011. A paper was presented to the Chief Executive's Advisory Group on 11 August 2011 which set out performance and the associated reputation risk (copy attached).

The Board of Directors has previously agreed that all performance data for publication will be considered by the Board of Directors. However, given the deadline for external publication, this cannot wait until the September Board of Directors' meeting. As with all Emergency Actions, this action will be reported at the next meeting of the Board of Directors in September 2011.

Action required:

To approve the external publication of 25 months' performance data for the A&E Clinical Quality Indicators by the end of August 2011.

Kevin Bolger, Chief Operating Officer

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| Approved:  Chairman | Approved:  Chief Executive | Date: 31/8/11 |
| Copied for Action to: Director of Corporate Affairs ✓ Head of Quality Improvement ✓ 1 | | Date: 31/8/11 |
| Completed/Implemented: ✓ | | Date: 31/8/11 |

AGENDA ITEM NO:

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
CHIEF EXECUTIVE'S ADVISORY GROUP
THURSDAY 11 AUGUST 2011**

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| Title: | EXTERNAL PUBLICATION OF PERFORMANCE FOR THE A&E CLINICAL QUALITY INDICATORS |
| Responsible Director: | David Peake, Divisional Director Division C |
| Contact: | Stewart Messer, Director of Operations, Division C, 51624 Elaine Cullen, Head of Operational Performance, 13691 Imogen Gray, Head of Quality Development, 13687 Andy Walker, Divisional Planning Manager, 13689 |

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| Purpose: | To present the Trust's latest performance against the A&E Clinical Quality Indicators, planned improvement actions, plans for external publication and the associated reputation risk. |
| Confidentiality Level & Reason: | N/A |
| Annual Plan Ref.: | Core Purpose 1: Clinical Quality Strategic Aim: To deliver and be recognised for the highest levels of quality of care through the use of technology, information, and benchmarking |
| Key Issues Summary: | <ul style="list-style-type: none"> • Trusts are required to publish their performance against the A&E Clinical Quality Indicators from August 2011. • Performance for three of the five headline measures remains below the minimum thresholds set by the Department of Health. • The improvement actions being implemented by the Emergency Department (ED) and Division C are included plus timescales. • Publication is planned for the end of August on the Quality web pages with clinical input from ED staff. |
| Recommendations: | The Chief Executive is asked to: <ol style="list-style-type: none"> 1. Consider the performance data for the A&E Clinical Quality Indicators and improvement actions being implemented by Division C 2. Approve the external publication of 25 months' performance data for the A&E Clinical Quality Indicators by the end of August 2011. |
| Signed: On behalf of Davie Peake | Date: 3 August 2011 |

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S ADVISORY GROUP THURSDAY 11 AUGUST 2011

EXTERNAL PUBLICATION OF PERFORMANCE FOR THE A&E CLINICAL QUALITY INDICATORS

PRESENTED BY THE DIVISIONAL DIRECTOR DIVISION C

1. Introduction

The aim of this paper is to inform the Chief Executive of the Trust's latest performance against the A&E Clinical Quality Indicators, planned improvement actions, plans for external publication and the associated reputation risk. Performance data provided by Informatics for the past 25 months, July 2009-July 2011, is shown in Appendix A. The Chief Executive is asked to consider the performance data for the A&E Clinical Quality Indicators and associated improvement actions, and approve the external publication of 25 months' performance data by the end of August 2011.

2. Background

2.1 In December 2010, the Department of Health (DH) published guidance outlining the eight new clinical quality indicators which replaced the four hour waiting time standard from April 2011:

- 2.1.1 Time to initial assessment
- 2.1.2 Time to treatment
- 2.1.3 Total time spent in A&E
- 2.1.4 Left without being seen rate
- 2.1.5 Unplanned re-attendance rate
- 2.1.6 Service experience
- 2.1.7 Ambulatory Care
- 2.1.8 Senior consultant sign-off

2.2 The DH issued guidance in June 2011 outlining best practice and expectations around local publication of performance for the A&E Clinical Quality Indicators. Trusts are expected to start publishing their performance from August 2011, including 25 months' data up to July 2011, for the six indicators highlighted in bold (see 2.1.1-2.1.6 above).

2.3 Data and accompanying narrative will need to be published monthly for the five numerical standards (2.1.1-2.1.5 above) and quarterly for the narrative service experience indicator. The Trust will start reporting performance for the Ambulatory Care standard once data collection and validation mechanisms are in place. The Consultant sign-off indicator relates to the College of Emergency Medicine audits which take place bi-annually; the Trust will need to report performance following the September 2011 audit.

3. Performance

3.1 Minimum Thresholds

All eight A&E Clinical Quality Indicators are included in the NHS Operating Framework for 2011/12, with the five headline measures and associated minimum thresholds subject to performance management. Monitor is expecting Foundation Trusts (FTs) to achieve or exceed the minimum performance thresholds for the five headline measures from 1 July 2011. Not meeting one or more of these minimum thresholds will impact upon trusts' Monitor Governance risk ratings.

3.2 Latest Performance

3.2.1 Monthly performance data for the five headlines and related supporting measures for the period July 2009-July 2011 is shown in Appendix A. Performance remains below the minimum performance thresholds for three of the headline measures: time to initial assessment, time to treatment and unplanned re-attendance. In addition, the unplanned re-attendance rate has got worse over the past 25 months:

| Indicator | Is UHB meeting minimum performance thresholds (July 2011)? | Has UHB's performance got better or worse over past 25 months? | Is UHB's performance (July 2011) better or worse than national performance? (March 2011) |
|------------------------------|--|--|--|
| Time to initial assessment | No | Better | Better |
| Time to treatment | No | Same | Worse |
| Total time spent in A&E | Yes | Same | Better |
| Left without being seen rate | Yes | Better | Better |
| Unplanned re-attendance rate | No | Worse | Worse |

3.2.2 Service Experience

Trusts are expected to publish a narrative description quarterly of how patient experience has been assessed in the Emergency Department (ED), what the results were and what is being done to make improvements. A patient experience survey has been carried out the ED in February and repeated in July 2011. A number of actions are being implemented including reviewing the assessment process in the ED, longer acting pain control for patients and better discharge information and advice cards. The number of complaints relating to the Emergency Department has significantly reduced

from 23 for April-July 2010 compared to 14 for the same period this year. The number of compliments received about the ED has increased over the past 6 months from 9 for February-July 2010 compared to 40 for the same period this year.

3.3 Actions/Timescales for Improvement

Division C are implementing a number of actions to improve data quality, through better and more timely data capture, and improve performance as follows:

3.3.1 Time to initial assessment

The 95th percentile time to assessment was 30 minutes in July compared to 29 minutes in June. The target for this indicator is 15 minutes. Work continues to improve data quality for this indicator by improving the accuracy and timeliness of data entry by nursing staff for initial assessment times for patients who arrive by ambulance. An escalation process is in place for ambulance crews if they have not handed over to the nursing staff within 5 minutes of arrival which should reduce this time. The new rotation of junior doctors starting in August are being educated in the new indicators and the importance of accurate recording of times in Symphony as part of their induction.

Timescale: Compliance by December 2011.

3.3.2 Time to Treatment

In July the median time to treatment remained at 72 minutes against the target of 60 minutes. One of the factors affecting the Trust's median time to treatment time is the gradual increase in the number of trauma alerts received: 222 for January-June 2011 compared to 187 and 151 for the same time periods in 2009 and 2007 respectively. Although activity remains static, the casemix of patients has slightly changed over time with a higher percentage of patients now arriving by ambulance.

A number of actions are being implemented to reduce the median time to treatment. A review of the majors work flow process is being undertaken to enable patients to be assessed by a clinician immediately, when there is capacity, rather than having to be assessed by a nurse first. Clinicians are continuing to be reminded of the need to record the actual time of treatment in the clinical notes so that performance against this measure is not affected by retrospective data entry of treatment times. In addition, the process by which specialty patients go through the ED is also being reviewed to ensure any delays in the pathway are minimised.

Timescale: Compliance by December 2011

3.3.3 Unplanned Re-attendance

The percentage of patients who re-attended the ED within 7 days of their original attendance fell to 6.40% in July from 7.18% in June against the target of 5%.

Approximately 35% of the patients who re-attend the ED within 7 days originate from the Minor Injuries stream, with more senior clinicians having a correspondingly lower re-attendance rate. A small percentage of junior doctors have been identified as having a higher re-attendance rate for particular conditions and have now received targeted training. The consistency of advice given to this group of patients has been identified as an issue and therefore the number and quality of advice cards is being reviewed. Some of these patients re-attend for reasons such as suture removal and Clexane injections for deep vein thrombosis (DVT) which could be prevented with advice cards and better use of the A&E Review Clinic or referral back to their GP.

The top 20 most frequent re-attenders account for around a seventh of the Trust's overall re-attendance rate. The Director of Partnerships has engaged with their GPs and individual action plans have been developed by the ED Consultants for these patients so that they are managed consistently when they do attend and to reduce their dependence on the ED. Other actions will include automated alerts to their GPs when they do attend so that they can be redirected to their GP during working hours where appropriate.

The bulk of the Trust's re-attenders (around 60%) are Majors type presentations. It has been identified that a proportion of these are admitted as an inpatient following their initial attendance in the ED, discharged and then re-attend within 7 days. Work is therefore underway to improve discharge advice for particular conditions, such as abdominal pain, and to explore the avenues for follow-up for these patients following discharge.

Timescale: The actions described above are starting to reduce the re-attendance rate. It is anticipated that compliance will be achieved by December 2011.

3.4 National Benchmarking

Although the Trust is not meeting the minimum thresholds for three of the five headline measures, the latest available national performance data for March 2011 shows a similar trend. The Informatics Team has made an agreement with the NHS Information Centre to receive monthly performance data for the A&E Clinical Quality Indicators for all trusts in England from 4 August 2011. This will enable us to publish the Trust's performance alongside the latest national performance for each of the 5 numerical headline measures.

4. **Reputation Risk**

It is difficult to predict how patients, the public and local/national media will respond to the publication of performance against the A&E Clinical Quality Indicators by individual trusts. The DH guidance advises trusts to 'publish and improve' rather than 'polish and publish'. It would therefore make sense for the Trust to be up front and publish data for the past 25 months, alongside the latest national performance data, from the outset with a view to continuously improving performance over time.

5. **Publication**

The Trust is planning to publish data for the 25 months up to and including July 2011 shown in Appendix A on the Quality web pages by the end of August 2011. The Head of Quality Development is working with the ED, Communications and Informatics teams to produce web pages for the A&E Clinical Quality Indicators. These will be constructed in a similar format to the existing Quality web pages, with an introductory home page explaining the number and types of patients UHB treats and the expectation that performance will improve over time for these indicators, both in terms of data quality and actual performance. The home page will also contain a summary of performance, rated green or red, for the 5 numerical headline measures alongside more detailed individual indicator pages with simple line graphs showing performance. The minimum performance thresholds and the latest national performance will be included to provide context. Each of the indicator pages will explain what the indicator means, how UHB is performing and what actions are being taken to improve it. Key terms such as 95th percentile and median will also be explained.

6. **Recommendations**

The Chief Executive is asked to:

- 6.1 **Consider** the performance data for the A&E Clinical Quality Indicators and improvement actions being implemented by Division C.
- 6.2 **Approve** the external publication of the 25 months' performance data for the A&E Clinical Quality Indicators by the end of August 2011.