



Performance Exception Report		
Month	Executive Director:	Dr Jackie Bene, Medical Director
	Completed by:	Dr Jackie Bene
Indicator	Summary Hospital-level Mortality Indicator (SHMI)	
Variation from plan 	January to December 2011 = 1.07 Variance of 0.03 from last quarter performance of 1.04 Variance of 0.07 from Plan of 1.0	
Reason for variation	Increased mortality in patients with <ul style="list-style-type: none"> • Septicaemia • COPD • Heart failure • Lung cancer Uncoded data and low risk group coding issues	
Impact	Patient outcomes or experience	
	Potential increase in avoidable death in patients with these conditions	
	Financial position	
	Poor clinical reputation may reduce income	
	Monitor targets and/or contractual requirements	
	No specific Monitor targets or contractual requirements as such but adverse trend will increase Monitor, CQC and public scrutiny	

Actions to be taken to address variation	Date	Description
	23.08.12	Mortality Reduction Group discussed reasons for deterioration and agreed revised action plan
	13.09.12	Workshop held to develop programme to address the care of the deteriorating and septic patient.
	24.09.12	CIO requested to analyse low risk coded data (140)
Forecast date to return to plan	Forecast to achieve SHMI < 1.0 by June 2013	
Forecast outturn	SHMI of 1.03	
Monitoring	Mortality Reduction Group and Trust Board	

Recommendation	The board is requested to note and endorse the action being taken to improve performance in these areas
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Performance Exception Report		
Month	Executive Director:	Dee Sissons DOPSE/DIPC/CN
	Completed by:	Dee Sissons DOPSE/DIPC/CN Julie Dziobhan. IPC Matron
Indicator	CDT pre 72 hours: Annual target 13	
Variation from plan 	<p>Q1 Performance was 3 against a trajectory of 2</p> <p>Q2 Performance is 3 against a trajectory of 3 (as of 26th September)</p> <p>In-month performance is 2 against a trajectory of 1 (August 2012)</p> <p>Currently reporting is 6 against an annual trajectory of 13.</p>	
Reason for variation	<ul style="list-style-type: none"> • Historically the Pre 72 hour objective was divided across the health economy and a individual trajectory agreed for PCT; provider services and acute services • Cases are attributed to acute services if the specimen is collected from a patient who has been an in-patient more than 3 days (72 hours) • There is no definition for attribution to provider services and there is negotiation between the CCG and Bolton FT following the completion of a RCA. • Unless patients are registered with a GP out of area, all patients with a pre 72 hour positive results are attributed to the trust until a RCA is completed. On completion of a RCA patients may then be re-attributed to primary care • Prior to August 2012 all RCA were completed by the FT IPC. The trust did not have access to the underlying, contributory information from the primary care setting. For example, primary care antibiotic prescribing or GP interventions visits. This will have impacted on the attribution • Multiple courses or prolonged use of antibiotics in primary care are not always picked up at the time of admission • Of the six reported cases 2 were in intermediate care, 3 had one or more recent hospital admissions with antibiotic treatment & no GP input 1 is a pre by definition but is still being reviewed . 	
Impact	Patient outcomes or experience	

	CDT can lead to distressing symptoms, requires further antibiotic therapy and extend length of stay.	
	Financial position	
	No penalties associated with the CDT pre 72 hours	
	Monitor targets and/or contractual requirements	
	Local target has been renegotiated from 11-13	
Actions to be taken to address variation	Date	Description
	July	Antibiotic prescribing discussed with clinical commissioning group and GP lead identified
	August 2012	Agreement with Public Health that the commissioners will undertake/lead all Pre 72 hour CDT RCA
	August 2012	Feedback to clinical teams and pharmacy to consider antibiotic history over several months not just on admission
	September 2012	Multi-professional RCA review panel set up in the community
	April 2013	Local contract will be reviewed reflecting the Pre 72 CDT target as attributable to primary care.
Forecast date to return to plan	September 2012	
Forecast outturn	13 against an annual trajectory of 13 (compliant)	
Monitoring	<ul style="list-style-type: none"> • CDT performance is monitored at operational meeting (weekly) Trust Board (monthly), Infection Prevention Control Committee (bi-monthly) • Learning is shared at the clinical review and the Infection Prevention and Control Committee 	
Recommendation	The board is requested to note and endorse the action being taken to improve performance in these areas	

Performance Exception Report																				
Month	Executive Director:	Dee Sissons – Director of Patient Safety and Experience/Chief Nurse																		
	Completed by:	Pat Graham – Patient Safety Manager Dave Butler – Acting Associate Director Risk and Assurance Eric Porter – Risk and Safety Advisor																		
Indicator	30% reduction in falls each month for patients over 75 years of age																			
Variation from plan	<p>Current performance:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Accumulative Target</th> <th style="text-align: center;">Accumulative Actual</th> </tr> </thead> <tbody> <tr> <td>April</td> <td style="text-align: center;">40</td> <td style="text-align: center;">55</td> </tr> <tr> <td>May</td> <td style="text-align: center;">76</td> <td style="text-align: center;">109</td> </tr> <tr> <td>June</td> <td style="text-align: center;">116</td> <td style="text-align: center;">151</td> </tr> <tr> <td>July</td> <td style="text-align: center;">168</td> <td style="text-align: center;">207</td> </tr> <tr> <td>Aug</td> <td style="text-align: center;">214</td> <td style="text-align: center;">261</td> </tr> </tbody> </table> <p>Performance against the CQUINS target for falls for the over 75 age group is currently running ahead of the planned target.</p>			Accumulative Target	Accumulative Actual	April	40	55	May	76	109	June	116	151	July	168	207	Aug	214	261
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April	40	55																		
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Reason for variation	<p>An analysis of the statistics show that patient falls for the aged over 75 years group are distributed across all wards with a significant majority of falls occurring within the complex care wards: (This is as expected in these wards as most of our older patients and those with cognitive impairment are cared for in these wards). In particular, they are;</p> <ul style="list-style-type: none"> • Intermediate care (Reported from July 2011) • C2, C4, B3, B4 (Acute Adult) • G4 wards (T&O) <p>In comparison to the whole of 2011 we are seeing fewer falls in 2012 to date in these wards.</p> <p>The baseline number of falls for 2011/12 was 725 and to date the cumulative number of slips trips and falls is 261 for a five month period. The reporting of Intermediate Care and Bolton Community Unit falls has only been included in the falls statistics since April 2012.</p> <p>All falls resulting in moderate, severe harm and deaths are subject to a root cause analysis (RCA). The definition of moderate harm includes lacerations requiring suturing and fracture to wrists or fingers. The definition of severe harm includes fractured hip, shoulder and pelvis.</p>																			


	<p>Since February 2012, a total of 20 falls have been rated as causing either moderate or severe harm.</p> <p>In 18 of the 20 cases risk assessments were undertaken and a falls care plan was in place. 18 of the 20 patients had problems with cognition either on admission or post operatively. 1 of the 18 patients was acutely unwell which caused the fall. In 2 cases it is difficult to determine whether the injury from the fall was sustained prior to admission and 1 of these cases has been referred to the coroner.</p> <p>The emerging themes from the RCA's are the majority of those patients have had problems with cognition, and wards were not always able to special these patients due to difficulties in having extra staff available when requested.</p>	
Impact	Patient outcomes or experience	
	<ul style="list-style-type: none"> • Potential increase in length of stay arising from the impact of falls. • Potential deterioration in the patient's independence and confidence. • Potential reliance on additional patient support needed on discharge. 	
	Financial position	
	<ul style="list-style-type: none"> • Potential loss of CQUINS income. • Potential increase in litigation claims. • Increased length of stay may impact on A&E targets/costs. 	
	Monitor targets and/or contractual requirements	
Actions to be taken to address variation	Date	Description
	<p>March 2011</p> <p>March/April 2012</p>	<p>All wards have electric profiling beds in situ, these beds can be lowered to reduce the risk of injury from falls, and go to a lower height than the previous ward beds. In addition the trust has six very low beds on permanent rental which can be used for patients who are particularly restless and agitated.</p> <p>These beds are allocated to G4, TSU, B4, B3, C2, C4, however these can be used by any ward if requires.</p> <p>Falls sensor alarms were purchased There are two of these on each of the following wards C2, B2, B3, B4, C4, G4, & H3. Darley Court already had these in place.</p>

	November 2012	Evaluation of the impact of the alarms/sensors to be presented to the Professional Advisory Group.
	April 2012	A number of staff briefing sessions were conducted to share the learning from the Safety Express initiative which the Trust was involved in last year These briefings were used to remind all staff of the importance of completing falls screening, risk assessments and implementation of care plans as appropriate when patients are admitted.
	October 2012	DOPSE/CN will review the criteria for 'specialling' and the capacity and capability of those staff.
	November 2012	Review of falls data to assess if patient attendance has increased in the target age group, any changes in age profile and analysis of case mix/numbers. Risk Management team to provide falls data to Divisional Boards.
	November 2012	Review of the escalation and performance management in those clinical areas where patients experience a moderate or severe harm from a fall.
	November	Review patient inter-hospital transfers by age gender and time. Proposal to minimise patient transfers from one area to another during late evenings and at night, particularly for patients with impaired cognitive abilities.(unless clinical need determines)
	On-going	Continue with Root Cause Analysis of all Falls resulting in Moderate to Severe Harm. Themes and learning to be reported via Professional Advisory Group & Harm Free Care Committee.
Forecast date to return to plan	Performance against the CQUINS target for falls for the over 75 age group is currently running ahead of the planned target.	
Forecast outturn	Reduction in serious injury outcomes arising from patient falls in the over 75 age group.	
Monitoring	Falls are monitored through the Exemplar, Harm Free Care and Transparency Pilot. Risk and Assurance Committee receive regular reports	
Recommendation	The Board are requested to note and support the action being taken to improve performance in this area.	

Performance Exception Report		
Month	Executive Director:	Dee Sissons
	Completed by:	Sue Anderton
Indicator	Midwife to birth ratio	
Variation from plan 	Currently (August 12) midwife to birth ratio is 1:31. The expected national standard is 1:28.	
Reason for variation	<p>The service is unable to recruit midwives fast enough to keep pace with changes in midwifery hours due to resignation, change in hours and midwives going into specialist posts.</p> <p>The maternity service at Bolton is currently delivering approximately 6500 babies per year (based on data 6 months data since Bury transfer) however staffing levels are still based at 6300.</p>	
Impact	Patient outcomes or experience	
	<p>Staff are moved around the unit to flex to the fluctuating workloads. The delivery episode is prioritised as one to one care in labour is an important issue in terms of safety and the woman's experience. This is sometimes to the detriment of other areas within maternity.</p> <p>The service is unable to implement some of the good practice points e.g. administration of intravenous antibiotics for neonates on the postnatal ward, as we currently do not have enough staff to attend training and implement this initiative.</p>	
	Financial position	
	<p>The service is paid a tariff top up, of approximately £108 per birth, for achieving the 1:28 ratio. With the current birth rate this top up is worth £702,000 annually.</p> <p>CNST criteria assess the service against the birth rate plus standards. Failure to be staffed at the 1:28 would require a business case to be produced and would risk failure against that criterion. CNST discount is approximate £400,000 for each 10%.</p>	

	Monitor targets and/or contractual requirements	
	<p>The Maternity Service specification requires the service to be staffed at 1:28 ratio. This ratio is also assessed monthly by the maternity network data collection and the SHA.</p> <p>The failure to reach this target also has an effect on the ability to meet our mandatory training requirements, which in turn has an effect on patient safety and CNST</p> <p>The service is currently unable to meet all the KPI's, in a timely manner eg we are currently developing a pathway in immunise babies for BCG prior to discharge, current staffing levels mean we cannot send staff on training to undertake this.</p>	
Actions to be taken to address variation	Date	Description
	September 2012	Currently recruiting bands 5 and 6 midwives to take us to full staffing for 6300
	Ongoing	Monitoring changes in establishment via monthly maternity workforce meeting
	Ongoing	Work between Division, finance and contracting to better reflect the impact of MIB on the income and expenditure
	October 2012	Maternity staffing review paper to be presented at Board
Forecast date to return to plan	Unable to achieve 1:28 until workforce rebased and agreed recruitment for 6500 births	
Forecast outturn	Unable to set a date as unable to achieve until contacts rebased for 6500 births.	
Monitoring	Monthly monitoring of booking numbers, births and midwifery numbers, to monitor activity against staff in post.	

Recommendation	The board is requested to note and endorse the action being taken to improve performance in these areas
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Performance Exception Report		
Month	Executive Director:	Dee Sissons, DOPSE/DIPC/CN
	Completed by:	Nashaba Ellahi, Assistant Head of Clinical Practice
Indicator	<p>Catheter Induced Urinary Tract Infections – 95% of patients who have a urinary catheter inserted to be infection free.</p> <p>This is one of four Harm Free Care (HFC) Indicators.</p>	
Variation from plan	<p>Current Trust position for August 2012 is 93.24% against a target of 95% by March 2013.</p> 	
Reason for variation	<ul style="list-style-type: none"> No baseline data prior to April 2012. Measurement via Safety Thermometer commenced in April 2012, with mandatory submission to Information Centre from July 2012. No formal feedback mechanisms until July 2012. Now incorporated into the PAF. Based on clinical need, variation in the length of time a urinary catheter is left in situ. Post-operative patient's catheters are removed within 24 hours. Elective Care and Family divisions are demonstrating 95% HFC 	
Impact	Patient outcomes or experience	
	Patients requiring antibiotic therapy. Side effects of antibiotic therapy and potential for increased length of stay.	
	Financial position	
	Associated CQUIN's value of £22,182	
	Monitor targets and/or contractual requirements	
	<p>Nationally agreed target of 95% harm free care.</p> <p>The definition has been agreed locally.</p>	

Actions to be taken to address variation	Date	Description
	29.08.12 onwards	Sharing of Safety Thermometer data via Intranet homepage – all divisions have commenced training to access/view data to share with frontline staff. Advised to use achievement boards to demonstrate harm free care position.
	27.11.12	Divisional Performance monitored at the monthly PAF meetings.
	27.11.12	A&E reviewing urinary catheter status and commencing patients on 'care pathway'
Forecast date to return to plan	Continue to make month on month improvements achieving 95% of patients who have a urinary catheter inserted to be infection free by December 2012.	
Forecast outturn	95% Harm Free Care by March 2013.	
Monitoring	Professional Leads to monitor Trust position on PAF for harm free care Indicators within their divisions. Monthly PAF meetings Professional Advisory Group	
Recommendation	The Board is requested to note the improvements being made each month but to ensure that the measure continues to be owned for improvement work and closely monitored within the divisions via the PAF.	