

Report Title	Integrated Quality & Performance Report (IQPR): November 2018				
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Meeting	Trust Board	Date	3 rd January 2019		

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

Emergency care (80.6%) and Diagnostic performance (96.2% versus 99% target) remain the most significant ongoing issues for November reporting. Detailed recovery plans expected November to show performance improvement and a sustained control against current A&E plan and delivery. Diagnostics plans to recover performance to 99% have been drawn up to achieve for Jan2019.

Beyond this we might note:

- 2x medication errors causing serious harm were reported in November (after review these incidents have been escalated as serious incidents).
- RTT delivers at 92.2% with no incomplete 52 week breaches in November.
- Cancer standards met October and projected to achieve November constitutional standards other than the internal hospital referrals “upgrades” being impacted by the Lung cancer pathway.
- 8 persistent reds now resolved in the year. VTE achieves the standard (95.28% v 95%).
- Finance - at Month 8 the Trust is on track with delivery of the 2018/19 revised plan, with an identified route to control total compliance. There is work to do to ensure directorates can remain within 2018/19 budgets, on a recurrent basis.

Alignment to 2020 Vision *[indicate with an ‘X’ which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	x
Quality Plan	x	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	

1. Previous consideration *[where has this paper been previously discussed?]*

December PMC, CLE and Q&SC

2. Recommendation(s)

The Committee is asked to:

- Understand progress on ED performance which was planned to show improvement in November
- Understand the cause of the two medication errors and gain assurance around future controls
- Note the recovery of VTE to standard and the resolution of 8 persistent reds in year

3.

Trust Risk Register		Risk Number(s): all				
Board Assurance Framework		Risk Number(s): all				
Equality Impact Assessment	Is this required?	Y		N	X	If ‘Y’ date completed
Quality Impact Assessment	Is this required?	Y		N	X	If ‘Y’ date completed

November 2018 – Summary Notes from IQPR and Persistent Reds

1. Overall Performance

Emergency Care, Diagnostic Imaging (DM01) and mortality performance remain the most significant Trust outliers as at November, but individual recovery plans are being progressed and are overseen at Board level.

Previously highlighted, we received now a number of formal performance notices from the CCG mainly due to the issues raised above; A&E, Diagnostics and RTT, which albeit delivering the standard of 92% has been seeing a continually growing waiting list, which is causing concern at regulator level. The recovery plan meetings have been set for mid-January.

Despite performance hotspots above, November performance, across many indicators, is still routinely delivering; infection control, cancer standards, RTT and many others.

➤ **Noting other under-performance in November:**

- ❑ In November the trust reports again, what appears a high number of falls; 110 falls reported in November, of which 3 have been declared as a serious injury. Whilst the numbers have been going up in recent months, these remain 'absolute' numbers rather than linked to an 'expected level' of potential fallers which may have increased. It is advisable to complete this review and set clear parameters around the number of falls the trust should be experiencing based on 'potential patients falls'.
- ❑ Diagnostic (DM01) reports performance of 96.2% against the 99% target with a total 373 breaches of the 6-week scanning wait time, of which 315 are in the Imaging department.
- ❑ 2x medication error causing serious harm were reported in November;

➤ **Recovery to standard in November:**

- ❑ VTE assessments recovered to 95.28% in November reaching the standard of 95%. The quality improvement project plan continuous to focus on under-performing areas.

➤ **Changes in performance count affecting November reported performance :**

- ❑ It is worth noting that Pressure Ulcers are now counted as admitted with the patient, rather than 'hospital acquired avoidable', this reflects national changes in this respect. Hence the trust will be reporting now a much higher level of pressure ulcers.

➤ **Introduction of New IQPR Indicators**

- ❑ In November a new range of Workforce indicators has been added to the IQPR and some previously reported indicators have been removed. See workforce section.

2. IQPR Persistent Red indicators

- Generally progressing steadily, but it seems difficult to move on some of the others towards a plan.
- Where performance has been recovered, we have managed to sustain it well; 8 indicators below

Total Indicators	<u>23</u>	<i>Note: Some are grouped and are in fact two or more separate indicators</i>	Delivery Expected
Resolved so far	8	<ul style="list-style-type: none"> • WHO Safer Surgery (to 100%); • Early Booking Assessment; • Patient Safety Thermometer (to 95%); • Cancellations (20pm) • Cancellations as %age of elective admissions (0.8%) • PDR (to 95%) and estimated to reach 96% at December • Medical Appraisal (to upper quartile) .. at 90% • Unplanned A&E re-attendances; after a brief dip recovers to standard of 5% 	
Achieved standard for 2 months	0		
Achieved standard for 1 month	0		
Significant improvement close to target	1	<ul style="list-style-type: none"> • Mortality Reviews within 42 day are progressing speedily towards targets with the introduction of the new medical examiner process, at 	
Working towards target improvement plans	6	<ul style="list-style-type: none"> • Mandatory Training (to 95%) • Sickness Absence Rate / Sickness Absence cases (to 3%) • Nursing (Qualified Only) - (to 10.5%) • Treatment Functions Under 92% RTT • Patients Waiting >52 weeks • In-Session Theatre Utilisation (to 85%) • Open Referrals (clear existing by 31/3/2019) 	<ul style="list-style-type: none"> • May2019 • Mar2019 • Mar2019 • Oct2019 • Apr2019 • Jan-Mar2019 • March 2019
<u>Newly added and relapsing indicators</u>	2	<ul style="list-style-type: none"> • Diagnostics (to 99% standard); at 96.2% in Nov • Neck of Femur (to 85%) 	<ul style="list-style-type: none"> • Jan2019 • Actions TBC
Without target improvement plans at this stage	4	<ul style="list-style-type: none"> • Patient Bed Moves • Falls - establishing a more robust way of measuring falls against expectations and target will be derived from this • FFT Score & Responses, a revision of targets and process is being progressed 	<ul style="list-style-type: none"> • Not identified • Not identified • Trajectory in progress
Missing the set recovery plan	2	<ul style="list-style-type: none"> • Neutropenic Sepsis • Return to work interviews 	<ul style="list-style-type: none"> • Actions TBC • Was Sept18 – New plan TBC

Key IQPR Indicators Summary for November 2018-19 (month 8):

Infection Control:

- Performing routinely against all indicators.
- The Trust has had nil CDiff cases in November, performing very well against this standard with year to date position of 8 cases against the year to date target of 19. Tracking well towards the year end against the annual ceiling of 29.
- At trust level MRSA screening, electively and non-electively achieves targets routinely, but PCCT and Medicine & Emergency Care are not; this has again been raised with the Infection Control lead who will be investigating the reasons with affected groups. This review will also form part of reviewing the currently applied thresholds for both screening indicators.
- MSSA Bacteraemia (rate per 100,000 bed days) November rate is back to usual levels at 5.4 compared to target of 9.42; year to date however in line with target at 6.6 vs 9.42

Harm Free Care :

- Achievement of 100% target against the WHO Safer Surgery continued into November; manual intervention is still required as the system for capturing the briefings information is not fully working (being addressed with clinical effectiveness and IT).
- Safety Thermometer at 99% in November against the 95% target, reporting 'new harm' only caused by SWB.
- VTE assessments have recovered to standard in November to 95.28%. Sustaining this and improving further is the focus now. Assessment units remain the single biggest areas where assessments are missed.
- 2x medication error causing serious harm were reported in November
- In November the trust reports 63 Pressure Ulcers as per the 'new count basis' following national guidelines which take effect in 1st April 2019, but are being implemented in the trust from November and now reports all pressure ulcers whether hospital acquired or not. On that basis, in November we report 26x PUs in the acute hospital setting and 37x PU case in the district community setting. The grading of the pressure ulcers has also changed from the previously known grades 1-4. The IQPR is being developed to enable the reporting of this change from December onwards which will allow a 3 months window before the live date.
- In November we reported another increase to the absolute number of falls which was at 110 (25% increase to year to date averages); with 3x falls resulting in serious injury reportable as a serious incident. We have seen falls rise steadily in the last months, but have not related this to expected numbers; the Head of Performance is progressing a discussion with the Chief Nurse and Falls Nurse lead. This will inform a more appropriate trust target and focus on the falls where these were not expected.
- The friends and family scores have been removed from the IQPR whilst a review is in place to connect performance to recently changed collections of surveys. Improved reporting will result from this mini-project which will feed IQPR and ward dashboards.

Key Access Targets :

1 RTT & Diagnostics

- RTT signed off at 92.26% for November with nil 52 week breaches in the month on the incomplete pathway.
- Three specialities are yet to reach the 92% in isolation; Cardiology, Dermatology and Gynae
- The waiting list has risen from 30,071 at the end of March 2018 to 37,009 in November with a potential trajectory without intervention to between 42,000 and 44,000 by the year end.
- Acute Diagnostics (DM01) reporting at 96.2% in November. 373 total breaches reported by the trust; CT/MRI/Ultrasound accounted for 315 of these. A sustainability project is ongoing and its implementation phase with plans aiming to address Q4 DM01 delivery by January 2019 and managing the 19-20 forecast demand and capacity.

2 Cancer

- Cancer performance reports one month in arrears to allow cancer network validations to take place; in October we report therefore the October position.
- Recognised as a delivering Trust; meeting routinely most of the cancer standards and this continuous into October having met successfully Q2.
- There were 7.5 breaches of the 62 day standard in October, overall resulting in the 62 day performance of 89.1% above the target of 85%.
- The 62 Day patient pathway, where patients are referred to treatment from a hospital specialist, rather than from a GP, is not meeting its target mainly due to the lung cancer pathway.
- 2.0 patient waited above 104 days. The case studies are routinely now submitted to the CEO for review.
- 69% of tertiary referrals were met within the 38 days requirement in October. Process improvements have been put in place to improve delivery e.g. straight-to-Test has commenced in colorectal service and other specialties which have moved to 10 days for 1st OPD, although this is not being consistently met. Primary focus on meeting the 38 day target needs to be on diagnostic services in improving current wait times.
- Neutropenic sepsis in November reports delivery at 82% with 28/34 patients treated within the hour. 6 patients breached due to a number of different reasons. All breaches are RCAed at the time and subject to a full review at a Breach Meeting. The Door to Needle time in November remains stable at an average of 49 minutes compared to the 60 minutes requirement.

3 Emergency Care & Patient Flow

- EC performance for November reported at 80.6%, with 3380 breaches against 17,502 attendances in the month.
- The unplanned re-attendance rate has reduced to 3.6% below the 5% and back on track, having slipped below standard in the last 4 months following persistent red focus and achievement. This follows a full audit and more intensive validation.
- DTOCs are holding up to previous levels and in November the trust reports 2.4% against the 3.5% target.
- WMAS handovers between 30-60 minutes were slightly up to last month at 159 with 7 patients breaching the 60 minutes handover target giving us a 0.14% performance against the target of 0.02%. The levels of total ambulance conveyances have been high (4,579 in November and 4622 in October, which was the second highest this year).

- Fractured Neck of Femur Best Practice Tariff (surgery within 36 hours) delivery for November at 77% slightly below the 85% target in the month. 82% on a year to date basis and we continue to see this indicator going up and down frequently, mainly due to patient conditions which may be preventing surgical interventions in this 36 hour timeframe.
- Patient bed moves for non-clinical reasons in November at 38 against an aspiration of zero.
- Patient notice period from letter to appointment is increasing for IP where 59% of patients have got less than the required 3 weeks. For OP this is outside of hospital control now that eRS is being solely patient driven for bookings.
- **21+ long stay patients** have been subject to robust monitoring against the NHSI agreed trajectory to achieve 25% 'nominal bed' reductions by the end of December 2018. Baseline position as at August 18 was 135.7 'beds' occupied by patients at =>21 days, with the objective to reduce 'nominal beds' by 25% to 101 at end of Dec. Whilst we have not managed to achieve October or November milestones we were tracking well in December; however, there is still scope for Dec to change due to patients slipping into the 21 LOS brackets hence the management of those as well as those patients who already are 21+ LOS is essential.
- The calculations mirror NHSI approach.

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018
NHSI Target Beds	135.70	135.70	135.70	135.70	135.70	127.20	118.80	110.30	101.80
Estimated 21+ Day Beds	145	132	137	111	129	115	126	120	109
Long Stay(21+ Day) Rate	21.8 %	21.0 %	21.1 %	18.8 %	20.9 %	19.0 %	20.3 %	18.3 %	17.3 %

Obstetrics:

- C-Sections in November reported at 26% against target of 25%; year to date at 26.6%
- Adjusted Perinatal Mortality Rate (per 1000 babies) year to date coming down to 4.5 compared to target rate of 8, year to date at 6.5 vs 8.
- Admissions to Neonatal Critical Care were at 0.89% in November, year to date this is at 1.59% against a target of 10% and well within threshold
- Breastfeeding initiation continues to routinely deliver and is 78% at November.

Stroke & Cardiology:

- At this stage in the month the IQPR reports the WD5 position (not post-validated WD20 position) reporting a drop in performance against a couple of indicators.
- The performance in November follows similar, good trends as so far this year.
- Thrombolysis within the hour is often affected by clinical reasons and some operational processes, which are RCAed routinely and managed. In November there were two patients eligible for thrombolysis and both breached for various reasons; both within 90 minutes were thrombolysed.
- Admissions to Stroke Ward within 4 hours remain under pressure due to a number of reasons. 16/42 patients breached the 4hr target, hence performance at 62%; year to date below the target at 66.3% versus target of 80%;
- TIA (High Risk) Treatment <24 Hours from receipt of referral is 100% in November vs target of 70%
- TIA (Low Risk) Treatment <7 days from receipt of referral is at 100% in November vs target of 75%. Both TIA indicators delivery routinely to standard.
- For November Primary Angioplasty Door to balloon time (<90 minutes) is meeting the target of 80% at 100% delivery. Primary Angioplasty Call to balloon time (<150 minutes) at 100% vs 80% target. Both are consistently delivering.

- Rapid Access Chest Pain - seen within 14 days consistently delivering at 100% in November and consistently for a number of years.

Workforce :

- Mandatory Training in October reporting slipping to 91.2% against target of 95%;
- Health & Safety related training is below the 95% target at 93.3% in October and we observe a dip in performance in the last three months after a very stable delivery over a long period of time.
- PDR completion approach has changed to an annual cycle reporting quarterly delivery this year; for September quarter the performance was at 91.2% against the 95% target. November is estimated to deliver 97% and so would exceed target, making this a successful initiative following the introduction of Aspiring to Excellence PDR process.
- Medical appraisals are at 91.2% against the target of 90%
- In-month sickness rate at 5.17% with cumulative rate at 4.6% both below trust aspirations of 3%
- Return to work interviews in-month at 85% below the 95% target.
- On boarding of new starters in November was at 100%
- Flu vaccination for November reporting at 83.3% of all front-line staff being vaccinated against the internal target of 85%
- Qualified nursing vacancy rate is at 11.8% for November against the set target of 11%
- Qualified nursing turnover rate is at 12.7% for November against the target of 10.5%

Mortality:

- Mortality indicators are in line with confidence limits against most of the mortality indicators, other than HSMR which is currently reported (July 2018 – latest data) at 128 for SWBH and still outside statistical confidence limits. There is ongoing Trust scrutiny and oversight of mortality statistics at the Executive Quality Committee.
- A report was commissioned with HED, analytics provider, which concluded: Sandwell General Hospital is a statistically significant HSMR outlier. City Hospital remains within expected limits.
- Divergence between weekday and weekend rates will result in a focus on the Sandwell site weekend mortality; the weekend rate reports at 120 for the latest period which is July 2018 and hence not moving significantly in the right direction. Weekday rate is at 101.
- Mortality reviews in the Trust are improving with the introduction of medical examiner process and are at 67% for September (42 days behind current period), although indications for October are c70% and above. Mortality reviews are discussed and overseen by the Learning from Deaths Committee, where a holistic review process needs to be embedded and measurable.

Cancellations and Theatre Utilisation:

- Performance has been kept up in November resulting in lower level of cancellations.
- In November we reported cancellations on the day of 29 against the internal trust target of 20, but a tolerance of up to 27 in order to meet national targets of 0.8% counting late cancellations on the day against elective admissions.
- 7/29 were avoidable (~24%) which is a high number, but avoidable is not only hospital related e.g. it will include patients who may have eaten on the day of surgery for example.
- There were no 28 Day breaches in month and no urgent cancellations in the month.
- Theatre in-session utilisation is still significantly below target of 85%, at 75.7% in November and whilst some specialities have increased utilisations others are still much lower than the target. Each speciality has a target for improvement and the persistent red trajectory commits to all specialities meeting 85% by March 2019.

- Overall session utilisation (outside routine session timings) for November is also lower than usually, at 79.8%; the aim should be to get in-session utilisation to same levels as running outside sessional time may impact on other, subsequent theatre sessions.

Data Completeness:

1. Open Referrals without Future Activity/ Waiting List Requiring Validation have increased to ~181,000 in November. A recovery process was agreed at PMC.
2. All our mandatory national data capture metrics are performing well to targets except of 'Completion of Valid NHS Number Field in acute (inpatient) data set submissions to SUS' which is at 97.7% compared to the target of 99%. The Head of Information is reviewing short-falls.

Performance Notices & IBNs :

The CCG has issued **Performance Notices** for the following performance areas:

1. RTT 52 week waits
 - RTT diagnostic waits
 - RTT total waiting list increase
3. A&E
 - Ambulance turnaround times
 - A&E Diagnosis Codes
 - Ambulance Handover times
4. Diagnostics – meeting DM01
5. Maternity indicator 9 CO Level >4ppm Referred For Smoking Cessation); working with the deputy director of midwifery we have made proposals on how to re-count this indicator and an action plan is progressed

VTE and 52 week breaches on hold for performance notice purposes, as delivering to standard in November.

Information Breach Notice:

We await the CCG notification around SI reporting >60 days (x7).