

<b>Report Title</b>	Integrated Quality & Performance Report (IQPR): December 2018				
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<b>Report Author</b>	Yasmina Gainer, Head of Performance & Costing				
<b>Meeting</b>	Trust Board	<b>Date</b>	7 <sup>th</sup> January 2019		
<b>1. Suggested discussion points</b> <i>[two or three issues you consider the Committee should focus on]</i>					
Emergency care (75.02% v 80.6% last month and 95% target) and Diagnostic performance (96.13% v 96.2% last month and 99% target) remain the most significant ongoing issues for December reporting. Focussed recovery plans in progress to deliver performance improvement and a sustained control against current A&E plan and delivery. Diagnostics plans to recover performance to 99% in January 2019.					
<b>Beyond this we might note:</b>					
<ul style="list-style-type: none"> <li><input type="checkbox"/> 1x maternal death was reported in December; 1x never event – identified early and no harm to the patient</li> <li><input type="checkbox"/> RTT delivers at 92.17% with 1x Incomplete 52 week breach in Cardiology</li> <li><input type="checkbox"/> Waiting lists reduced from 37,009 to 36,913 (trajectory was 36,629) in December whilst open referrals have increased to from 181,000 to 184,000 in December.</li> <li><input type="checkbox"/> The project to reduce 21+ stranded patients target achieved for December with these patients occupying 98 beds vs target of 101.8 beds.</li> <li><input type="checkbox"/> Cancer standards met in November and will meet in December reporting meaning that we will be successful for Q3. All other constitutional standards are met other than the internal hospital referrals “upgrades” being impacted by the Lung cancer pathway.</li> <li><input type="checkbox"/> Mortality reviews significantly improving in Dec reporting 82% reviews carried out within 42 days.</li> <li><input type="checkbox"/> 8 persistent reds now resolved in the year, which are sustaining performance, with some small slippage in December. Some persistent reds with recovery plans for March 2019 look unlikely to deliver and may not be pushed hard alongside other priorities.</li> <li><input type="checkbox"/> MSA reporting without the prior exemption is resuming in January based on revised policy and CQC guidance.</li> </ul>					
<b>Alignment to 2020 Vision</b> <i>[indicate with an ‘X’ which Plan this paper supports]</i>					
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>	
<b>1. Previous consideration</b> <i>[where has this paper been previously discussed?]</i>					
WD5 Distribution to Groups, OMC, PMC, Q&S					
<b>2. Recommendation(s)</b>					
The Board is asked to:					
<b>a.</b>	<b>NOTE</b> the performance up to and including December 2018				
<b>b.</b>	<b>NOTE</b> the MSA Change of Policy and Count in January				
<b>3.</b>					
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

# December 2018 – Summary Notes from IQPR and Persistent Reds

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## 1. Overall Performance

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

We continue to see inconsistent performance on some indicators such as VTE, which in December dipped again following recovery to standard in December.

Previously highlighted, we have now received 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, December performance, across many indicators, is still routinely delivering; infection control, cancer standards, RTT and many others; we also see consistency of delivery against many others and improvements, but some performance remains difficult to sustain routinely.

### ➤ Noting other under-performance in December:

- ❑ 1 maternal death was reported in December.
- ❑ 1x never event reported in December (guidewire in ITU). This was identified early and no harm was caused to the patient
- ❑ Diagnostic (DM01) performance for December is below standard of 99% at 96.13% with 362 total breaches, of which, 331 are in Imaging (157xNonObsUS, 93x CT, 81x MRI); 26x in Cardiology Echos ; improvement trajectory expects full recovery at the end of January.
- ❑ Cancellations are slightly just above national standard of 0.8% (at 0.9%) in the month of December with 29 on the day, non-clinical cancellations experienced.
- ❑ Neutropenic sepsis reporting at 78% having had 6 breaches of the total 27 patients in the month.

### ➤ Achievements to note in December:

- ❑ 21+ stranded patients target achieved for December with these patients occupying 98 beds vs target of 101.8 beds.
- ❑ Cancer achieving Q3 performance and so consistently all quarters this year have achieved the 62 Day standard as well as all other cancer indicators.

### ➤ Changes in performance count affecting December 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. The 'live date' for reporting nationally is 1<sup>st</sup> April 2019, internally we started earlier to allow for process embedding and sorting out the reporting. Therefore there may be some early inconsistencies in reporting until the teams are able to stabilise the new ways of counting.
- ❑ MSA breaches within AMUs will be notified from January onwards on a revised policy basis

## 2. IQPR Persistent Red indicators

- Where performance has been recovered, in 8 indicators below, we have managed to sustain it well although some slippage in December is noted
- Many indicators are noted for improvement by March 2019 but are unlikely to deliver.
- A couple of indicators have failed their original target delivery dates; we need to decide how to progress with a revised plan or whether recovery will follow shortly.

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"> <li>• WHO Safer Surgery (to 100%);</li> <li>• Early Booking Assessment;</li> <li>• Patient Safety Thermometer (to 95%);</li> <li>• Cancellations (20pm)</li> <li>• Cancellations as %age of elective admissions (0.8%)</li> <li>• PDR (to 95%) at 98.4% in Dec</li> <li>• Medical Appraisal (to upper quartile) at 91.8% in Dec</li> <li>• Unplanned A&amp;E re-attendances; after a brief dip recovers to standard of 5%</li> </ul>	<p>Slipped in Dec Slipped in Dec</p>
Achieved standard for 2 months	0		
Achieved standard for 1 month	0		
Significant improvement close to target	1	<ul style="list-style-type: none"> <li>• Mortality Reviews within 42 day are progressing speedily towards targets with the introduction of the new medical examiner process – 82% in Dec</li> </ul>	
Working towards target improvement plans	9	<ul style="list-style-type: none"> <li>• Mandatory Training (to 95%) at 86.4% in Dec</li> <li>• Sickness Absence Rate / Sickness Absence cases (to 3%)</li> <li>• Nursing (Qualified Only) - (to 10.5%)</li> <li>• Treatment Functions Under 92% RTT</li> <li>• Patients Waiting &gt;52 weeks</li> <li>• In-Session Theatre Utilisation (to 85%)</li> <li>• Open Referrals (clear existing by 31/3/2019)</li> <li>• Diagnostics (to 99% standard); at 96.2% in Nov</li> <li>• Neck of Femur (to 85%) at 82% in Dec</li> </ul>	<ul style="list-style-type: none"> <li>• May2019</li> <li>• Mar2019</li> <li>• Mar2019</li> <li>• Oct2019</li> <li>• Apr2019</li> <li>• Jan-Mar2019</li> <li>• March 2019</li> <li>• Jan2019</li> <li>• Actions TBC</li> </ul>
Without target improvement plans at this stage	3	<ul style="list-style-type: none"> <li>• Patient Bed Moves</li> <li>• Falls - establishing a more robust way of measuring falls against expectations and target will be derived from this</li> <li>• FFT Score &amp; Responses, a revision of targets and process is being progressed</li> </ul>	<ul style="list-style-type: none"> <li>• Not identified</li> <li>• Summit 1stFeb</li> <li>• Trajectory to be re-confirmed</li> </ul>
Missing the set recovery plan	2	<ul style="list-style-type: none"> <li>• Neutropenic Sepsis</li> <li>• Return to work interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Actions TBC</li> <li>• Was Sept18 – New plan TBC</li> </ul>

## Key IQPR Indicators Summary for December 2018-19 (month 9):

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### Infection Control:

- Performing routinely against all indicators.
- The Trust has had nil CDiff cases in December, performing very well against this standard with year to date position of 10 cases against the year to date target of 22. Tracking well against the year-end 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) December year to date rate is at 5.9 compared to target of 9.42;

### Harm Free Care :

- Achievement of 100% target against the WHO Safer Surgery continued into December; 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 98.4% in December against the 95% target, reporting 'new harm' only caused by SWB.
- VTE assessments having recovered to standard in November have dipped in December to 93.8%. Assessment units remain the single biggest areas where assessments are missed.
- 1x never event has been reported, but no harm was caused to the patient.
- In December the trust reports 74 Pressure Ulcers as per the 'new count basis' following national guidelines which take effect in 1<sup>st</sup> April 2019 which we are capturing early. On that basis, in December we reported 42x PUs in the acute hospital setting and 32x 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 has been developed to take changes into account, but it is still subject to minor tweaks.
- In December we reported a reduction in the absolute number of falls which was at 90; with 3x falls resulting in serious injury and reported as serious incidents. We have seen falls rise steadily in the last months, but have not related this to 'expected/ potential fallers' numbers; the Head of Performance is progressing a discussion with the Chief Nurse and Falls Nurse lead, who have signalled a 'falls summit'. This will inform a more appropriate trust target and focus on the falls where these were not expected.
- Friends and Family for indicates some improvement against the IP response rate, and whilst we are keeping up with regional and national peers against a few patient categories (ahead for inpatients), we are significantly behind OP and Maternity response rates which then impact the credibility of their scores received.

**December 2018**

Response Rate			Score/Likely to Recommend		
SWB	Trusts In Region	National Average	SWB	Trusts In Region	National Rec
12%	10%	12%	74%	84%	88%
2.9%	8.0%	6.9%	90.0%	94.0%	93.0%
28%	30%	25%	92%	95%	94%
5%	27%	21%	100%	97%	94%

Response rate is the same as national average; higher than region but lower on score than both

Response rate below national and region; score is better but not fully representative as such a small sample

Response rate is better than national average but lower than region; scores are reasonably comparable nationally and regionally

Response rate well below national and regional peers; score is good but due to small sample questionable whether this can be deemed representative

## Key Access Targets :

### 1 RTT & Diagnostics

- RTT signed off at 92.17% for December with 1x 52 week breach in the month on the incomplete pathway in cardiology. Breaches continue to be a point of contention each month, mainly due to lack of clarity in clinical letters which can be improved following the national recommendations on how to 'complete' a patient letter with clarity on status.
- Three specialities are yet to reach the 92% in isolation; Cardiology (88%), Ophthalmology (90.8%) and Gynae (90.5%).
- The waiting list is at 36,913 patients as at December 2018 (30,071 end of March18).
- Acute Diagnostics (DM01) reporting at 96.13% in December.  
362 total breaches of which 331 are in Imaging (157xNonObsUS, 93x CT, 81x MRI); 26x in Cardiology Echos. 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 delivery through a number of actions.

### 2 Cancer

- Cancer performance reports one month in arrears to allow cancer network validations to take place; we report therefore the November validated position.
- Recognised as a delivering Trust; meeting routinely most of the cancer standards and this continuous into November having met all of the cancer standards.
- December has also been confirmed to have met the standards and so we look forward to reporting another quarter as fully delivered.
- There were 10.5 breaches of the 62 day standard in November, overall resulting in the 62 day performance of 85.1% above the target of 85%.
- 1.0 patient waited above 104 days. The case studies are routinely now submitted to the CEO for review.
- The 62 Day patient pathway, where patients are referred to treatment from an 'in-hospital specialist', rather than from a GP, is not meeting its target mainly due to the lung cancer pathway.
- 56% of tertiary referrals were met within the 38 days requirement in November. Whilst 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, we are still below the 100% expectation. Primary focus on meeting the 38 day target needs to be on diagnostic services in improving current wait times.
- Neutropenic sepsis in December reports delivery at 78% with 21/27 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 December has increased to an average of 50 minutes compared to the 60 minutes requirement. But we are seeing some longer breaches.

### 3 Emergency Care & Patient Flow

- EC performance for December reported at 75.02%, with 4,435 (3,380 last month) breaches against 17,753 attendances (17502 attendances last month).
- Emergency Care Timeliness - Time to Initial Assessment (95th centile) is routinely met within 15 minutes targets.
- Emergency Care Patient Impact - Unplanned Re-attendance Rate has reduced to 4.8% in the month of December and year to date at 4.9%. Whilst recently above the target rate of 5% this is therefore back on track for the last 2 months running.
- Emergency Care Patient Impact - Left Department Without Being Seen Rate is at 7.2% year to date and 8.2% in December month against the 5% target. This rate has been high for the last 9 months and will impact the re-attendance rate above should the patient return to the department (unless the team is validating these patients out)
- DTOCs are holding up to previous levels and in December the trust reports 2.2% against the 3.5% target although there appears to be a spike at City which is reported at 4.1%.
- WMAS handovers between 30-60 minutes are up compared to last month at 205 (159 last month) with 7 patients breaching the >60 minutes handover target; giving us a 0.14% performance against the national target of 0.02%. The levels of total ambulance conveyances have been high in December at 4,872 (4,579 in November and 4,622 in October)
- Fractured Neck of Femur Best Practice Tariff (surgery within 36 hours) delivery for December at 83% 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, often due to patient conditions, which may be preventing surgical interventions in this 36 hour timeframe.
- Patient bed moves for non-clinical reasons, between 10pm-6am) in December is at 55 against an aspiration of zero.
- Patient notice period from letter to appointment is increasing for IP where 52% of patients have got less than the required 3 weeks. Theatre booking team is reviewing by speciality to pin down the exact reasons for this. For OP this is outside of hospital control now that eRS is being solely patient driven for bookings, but we can say that bookings with a notice period of < 3 weeks have been made for 35% of patients.
- **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 August18 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. The teams have achieved the December target and delivered the equivalent of 98 days for this category of LOS patients. Summary table is shown below showing the trust position for this indicator from April2018 to Dec 2018. Our 'Long Stay' (21+ Day) Rate is at 16.3% which means that 16.3% of our patients are long stay patients, a significant reduction to a previous trend of c22%

	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	98
Long Stay(21+ Day) Rate	21.8 %	21.0 %	21.1 %	18.8 %	20.9 %	19.0 %	20.3 %	18.3 %	16.3 %

### Obstetrics:

- There was another maternal death in December. Investigations are ongoing. Year to date the trust reported 3x maternal deaths.
- C-Sections in December reported at 25.3% against target of 25%; year to date at 26.4% just above the target and well within the tolerance.
- Adjusted Perinatal Mortality Rate (per 1000 babies) year to date coming down to 6.6 to target rate of 8 on a year to date basis, in line with target in month too.
- Admissions to Neonatal Critical Care (Level 3) were at 1.37% in December, year to date this is at 1.57% against a target of 10% hence well within threshold
- Breastfeeding initiation continues to routinely deliver and is 76.5% at December year to date against the 74% target.

### **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 December follows similar, good trends across most indicators, but we still see the admissions to the stroke ward perform above the 4 hour target.
- Thrombolysis within the hour is often affected by clinical reasons and some operational processes, which are RCAed routinely and managed. In December there were 5 total patients eligible for thrombolysis and 1 patient breached by 10 minutes above the hour (80% delivery).
- 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 78%; year to date below the target at 68% versus target of 80%;
- Patients receiving CT Scans within 24 hrs of presentation delivery in month of December at 98.0% meeting the 95% monthly standard consistently.
- Patients receiving CT Scans within 1hr of presentation is at 82.4% in December against the target of 50%; consistently meeting performance.
- TIA (High Risk) Treatment <24 Hours from receipt of referral is 100% in December vs target of 70%
- TIA (Low Risk) Treatment <7 days from receipt of referral is at 100% in December vs target of 75%. Both TIA indicators deliver routinely to standard.
- For December 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 December and consistently for a number of years.

### **Workforce :**

- Mandatory Training in December reporting at 86.4% against target of 95%;
- Health & Safety related training is below the 95% target at 93.7% in December and we observe a recent dip in performance in the last three months after a very stable delivery over a long period of time.
- PDR completion as at December quarter is at 98.4% against the 95% target. For the first time exceeding target following the introduction of Aspiring to Excellence PDR process.
- Medical appraisals are at 91.2% against the target of 90%
- December sickness rate at 5.33% (up from last month) with cumulative rate at 4.62% both rates below trust aspirations of 3%
- December Return to work interviews in-month at 82.9% below the 95% target, cumulatively at 85.4%.
- On boarding of new starters in December was at 84%

- Flu vaccination for December reporting at 83.7% of all front-line staff being vaccinated against the internal target of 85% but meeting national/CCG targets.
- Qualified nursing vacancy rate is at 12.1% for December against the set target of 11% and slightly up to last month.
- Qualified nursing turnover rate is at 12.5% for December against the target of 10.5%, slightly less than last month.

### **Mortality:**

- Mortality indicators are in line with confidence limits against most of the mortality indicators, other than HSMR which is currently reported (Sept18 – latest data) at 129 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 still persists especially on the Sandwell site weekend mortality; the weekend RAMI rate reports at 114 for the latest period, which is September 2018, and hence not moving significantly in the right direction although somewhat reduced from previous weekend rates reported. Weekday rate is at 102.
- Mortality reviews in the Trust are steadily improving with the introduction of medical examiner process and are at 82% for October (42 days behind current period). We are expecting more improvement on this indicator over time. Mortality reviews are discussed and overseen by the Learning from Deaths Committee, where a holistic review process is being embedded.

### **Cancellations and Theatre Utilisation:**

- In December 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. We just missed therefore the national target as above the ‘tolerance’ level.
- 11/29 were avoidable (~38%) 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 74.4% in December 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 March2019.
- Overall session utilisation (outside routine session timings) for December is also lower than usual, at 79.7%; the aim should be to get in-session utilisation to same levels as running outside sessional time may impact on other, subsequent theatre sessions.
- The theatres included in the count here include ‘procedural units’ and the Theatre Board has requested that we split those out as generally low in performance other than the ‘pain management unit’.

### **Data Completeness:**

1. Open Referrals without Future Activity/ Waiting List Requiring Validation have increased to ~184,000 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 - total waiting list increase
2. A&E
  - 4 hour breaches
  - Ambulance handover times and A&E Diagnosis Coding has been dropped from the PN.
3. Diagnostics – delivery of DM01
4. Previous PN: Maternity indicator 9 CO Level >4ppm Referred For Smoking Cessation; working with the deputy director of midwifery who has identified nursing training to secure the delivery of this indicator by end of Jan19