

Report Title	Integrated Quality & Performance Report (IQPR): January 2019		
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Meeting	Trust Board	Date	7 March 2019

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

- Emergency care (78.04% vs 75.02% last month) improves but remains the most significant ongoing issue for January reporting.
- As planned the Diagnostic waits target (DMO1) delivered 99% in January for the first time since February 2018 . Currently on track to deliver February performance.
- 1x maternal death was reported in January. 4x maternal deaths year to date (May, June, Dec, Jan);
- 87 falls in month 2x with harm. Both are being investigated as serious incidents.
- 1x MRSA was reported in January; the first case for the Trust since December 2016; MRSA elective screening below target for the first time at 78.4% (Medicine - 60%, PCCT - 17% PCCT) versus the historic Trust target 80% (recommendation from infection control that this should be 95%).
- Cancer standards are expected to deliver again the full Q4, as per previous quarters this year. Neutropenic Sepsis delivering at 88% within the 1 hr treatment (5/40 breaches, but just above the hour). All 5 were within 20 minutes of the hour and average time to deliver was 41 minutes (improving).

Beyond this we might note:

- RTT indicates another successful month at delivery of 92.6%. However, there are 5x specialities failing to meet the 92% standard. Additionally, 1x Incomplete 52 week breaches (Paediatric Ophthalmology).
- Waiting lists reduced significantly in December from 36,914 to 34,909 in January (March trajectory 33,778 source: Jan Board paper).
- Cancellations on the day have increased to 36 in January vs internal target of 20; 50% were avoidable.
- Readmissions increasing to 8.9% (7.7% last month/7.8% last Jan). Highest number in last 18mths.
- MSA January breaches, based on revised policy, reporting at 1,123 breaches;
- Sickness for January was 5.73%. High but not dissimilar to last Jan (5.29%).

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?]*

January OMC, PMC, CLE and Q&S Committee

2. Recommendation(s)

The Board is asked to:

a. Note the performance up to and including January 2019

b.

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

1. Overall Performance

Emergency Care remains the most significant Trust outlier as at January, with an intensive recovery plan being progressed and overseen at Board level. February daily performance is showing further improvement from the January figure.

We report another maternal death in January, which year to date results in 4 cases.

Diagnostic Imaging (DM01) has recovered for the first time in 11 months to 99% standard hitting 99.01% performance in January. February is also on track.

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 under-performance have been supported by recovery plans and we expect a catch up meeting at the end of February with the CCG.

Despite performance hotspots, January performance, across many indicators, is still routinely delivering; we also see consistency of delivery against many others and improvements, but some performance remains difficult to sustain routinely and persistent red improvement is difficult to shift with competing priorities.

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

- ❑ 1x maternal death was reported in January and 4 deaths year to date.
- ❑ 1x MRSA being the first case this year for the Trust;
- ❑ MRSA screening for the first time in a very long time is now below the 80% target (which is under review by IC lead) at 78% with PCCT at 17%. A review is recommended to ensure screening is against the appropriate patients and re-confirm internal target.
- ❑ Neutropenic sepsis reporting at 88% having had 5 breaches of the total 40 patients in the month of January. 4 out of the 5 breaches are within 2-15 minutes above the hour, 1x breach is 20 minutes; all administered treatment has been done at an average of 41 minutes against the 60 minutes target, which is a good position.
- ❑ MSA reporting resumed for January and we report 1,123 breaches.

➤ **Achievements to note in January:**

- ❑ 21+ stranded patients target achieved for December and the Trust was picked to submit a case study of its delivery to NHSE. A new, ongoing target has been agreed with NHSI with 100 beds or less, in the month, being occupied with long-stay patients of 21+ LOS. We closed January at 113 beds, but focus continuous on routine basis and removing very long stays can work against performance in a month, but is good overall long term.
- ❑ Diagnostics recovering to 99%.
- ❑ VTE recovering to 95% standard at 95.8%

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

- ❑ It is worth noting that Pressure Ulcers are now counted to reflect national changes. Hence the trust will be reporting now a much higher level of pressure ulcers. The 'live date' for reporting nationally is 1st April 2019, internally we started earlier to allow for process embedding and testing the reporting. Therefore there may be some early inconsistencies in reporting until the teams are able to stabilise the new ways of counting. Up to April, the PU lead will again review and cross-reference reported numbers and approaches are consistent with the new national guidance.

2. IQPR Persistent Red indicators

- Where performance has been recovered, in 8 indicators below, we have managed to sustain it well although some slippage is noted against the cancellations indicator.
- 1x indicator, Diagnostics, has now achieved the standard for 1 month in January.
- 2x indicators, mandatory training and mortality reviews are showing significant improvement towards their standards.
- Some indicators are noted for improvement by March 2019 are unlikely to deliver. March PMC to review and refresh plans.
- FFT has been worked on during January to re-set approach to contacting the patients and we will be revising the response rate targets more in line with peers, which previously we have possibly set too ambitiously.

Total Indicators	23	Note: Some are grouped and are in fact two or more separate indicators	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%) at 98.4% in Dec • Medical Appraisal (to upper quartile) at 91.8% in Dec • Unplanned A&E re-attendances; 	Cancellations slipping over the last couple of months
Achieved standard for 2 months	0		
Achieved standard for 1 month	1	<ul style="list-style-type: none"> • Diagnostics (to 99% standard); at 99% in Jan 	Jan2019
Significant improvement close to target	2	<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 – 79% in Dec • Mandatory Training (to 95%) at 91.1% in Jan 	
Working towards target improvement plans	12	<ul style="list-style-type: none"> • Sickness Absence Rate / Sickness Absence cases (to 3%) • Nursing Turnover (Qualified Only) - (to 10.7%) • Treatment Functions Under 92% RTT • Patients Waiting >52 weeks • In-Session Theatre Utilisation (to 85%) • Open Referrals (clear existing by 31/3/2019) • Neck of Femur (to 85%) at 81% in Jan • Patient Bed Moves • Falls - establishing a more robust way of measuring falls performance; target will be derived • FFT Score & Responses, a revision of targets and process is being progressed • Neutropenic Sepsis (100%) • Return to work interviews (95%) <p><u>All items in this section will have re-confirmed plans for delivery to be discussed at the next PMC in March 2019.</u></p>	<ul style="list-style-type: none"> • Mar2019 • TBC • Mar2019 • Oct2019 • Mar2019 • March 2019 • Tolerated • Not identified • Summit 1stFeb • TBC • TBC • TBC

Key IQPR Indicators Summary for January 2018-19 (month 10):

Infection Control:

- 1x CDiff case in January, performing very well against this standard with year to date position of 11 cases against the year to date target of 24. Tracking well against the year-end annual ceiling of 29.
- 1x MRSA post 48hr unavoidable infection.
- January MRSA screening target at Trust level for elective patients has under-performed for the very first time after a long period of time. We delivered 78% of screening against the 80% target. PCCT is reported at 17% only. Medicine has routinely reported below 80%. The IC lead has been approached for a review of patients being screened and advice on the appropriate threshold revision. Non-elective screening has delivered to the 80% target, but as highlighted this target is under review.
- MSSA Bacteraemia (rate per 100,000 bed days) January year to date rate is at 6.8 compared to target of 9.42; but has a raised January in-month rate of 15.4.

Harm Free Care :

- Achievement of 100% target against the WHO Safer Surgery continued into January
- Safety Thermometer at 99.3% in January against the 95% target, reporting 'new harm' only caused by SWB.
- VTE assessments having recovered to standard in January at 95.8%. Assessment units remain the single biggest areas where assessments are missed. In January there were 350 assessments missed.
- In January the trust reports 79 Pressure Ulcers Acquired in Hospital, as per the 'new count basis' following national guidelines which take effect in 1st April 2019, which we are capturing early. On that basis, in January we reported 34x PUs in the acute hospital setting and 45x PU case in the district community setting. Pressure Ulcer Present on Admission to SWBH count was 129. 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 January we reported a reduction in the absolute number of falls which was at 87; with 2x falls with harm. Both falls are being investigated as serious incidents.
- January summary position indicates some improvement against the IP response rate which was at 24% with a score to 'likely recommend' at 91%. We are significantly behind OP and Maternity response rates which then impact the credibility of their scores received. Improvements are expected to materialise as we release a revised data set for OP/maternity.

Key Access Targets :

1 RTT & Diagnostics

- RTT at 92.6% for January with 1x 52 week breach confirmed and another under review with OMC. A new process has been agreed for escalation and logging of contentious 52 week breaches.
- Five specialities are yet to reach the 92% in isolation; Cardiology (89%), Ophthalmology (91.5%), Gynae (91.2%), Dermatology (91.5%) and Cardiothoracic surgery (83.3%)
- The waiting list is at 34,909 (36,913 last month) patients as at January reducing for the last couple of month (March 2019 trajectory at 33,778 source: Jan Board paper).
- Total backlog, over 18 weeks, is at 2,582 in January.
- Acute Diagnostics (DM01) reporting at 99.01% in January recovering to standard of 99% for the first time in 11 months.

2 Cancer

- Cancer performance reports one month in arrears to allow cancer network validations to take place; we report therefore the December validated position.
- Looking forward, the Trust is forecasting to deliver the last quarter in this financial year, having met all previous quarters and remains one of the few trusts nationally to do so.
- There were 11.0 breaches of the 62 day standard in December mainly impacted by Imaging ability to bring patients forward and hence impacting the 62 day delivery; overall resulting in the 62 day performance of 85.4% just above the target of 85%.
- Imaging improvements for 19/20 are required to support the '28 day scan to report' turnaround, a new 2020 Faster Diagnosis Standard (FDS) and this is progressing via the imaging sustainability programme as a key requirement for cancer pathway patients. The trust begins to shadow monitor from April 2019.
- 3.0 patients 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, currently not a nationally monitored standard.
- 53% of tertiary referrals were met within the 38 days requirement in December.
- Neutropenic sepsis in December reports delivery at 88% with 35/40 patients treated within the hour. 5 patients breached due to a number of different reasons, but 4 breaches are within 2-15 of the required hour; 1x breach was 20 mins above the hour hence this month showing relatively small breaches in terms of exceeding the 1 hr target. All breaches are RCAed at the time and subject to a full review at a Breach Meeting. The Door to Needle time in January has decreased to an average of 41 minutes compared to the 60 minutes requirement.

3 Emergency Care & Patient Flow

- EC performance for January reported at 78.04%, with 3,963 (4,435 last month) breaches against 18,042 attendances (17,753 attendances last month).
- Emergency Care Timeliness - Time to Initial Assessment (95th centile) is routinely met within 15 minutes targets, at 14 in January.
- Emergency Care Patient Impact - Unplanned Re-attendance Rate has reduced to 4.58% in the month of January and year to date at 4.82%. Whilst recently above the target rate of 5% this is therefore back on track for the last 3 months running.
- Emergency Care Patient Impact - Left Department Without Being Seen Rate is at 7.27% year to date and 7.21% in January against the 5% target. This rate has been high for the last 10 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 January the trust reports 1.1% (2.3% YTD) against the 3.5% target.
- WMAS handovers between 30-60 minutes are down compared to last month at 168 (205 last month) with 9 patients breaching the >60 minutes handover target; giving us a 0.19% (0.14% YTD) performance against the national target of 0.02%. The levels of total ambulance conveyances have been high in January at 4,835 (4,872 in December, 4,579 in November and 4,622 in October)
- Fractured Neck of Femur Best Practice Tariff (surgery within 36 hours) delivery for January at 81% 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 January, is at 63 against an aspiration of zero.
- 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 June 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. The teams have achieved the December target and delivered the equivalent of 98 days for this category of LOS patients. January onwards a target of 100 beds per month has been agreed for this patient cohort equivalent bed count.

Summary table below showing the trust position including Feb as at a point; we see an increase in January and February beds being occupied by long-stay 21+ patients against the new target of 100 we are at 113 in Jan and 99 in Feb. Our actual number of patients, classified as 21+ LOS, is 129 with an internal aspiration of 100 patients affected at any point in time.

	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019
NHSI Target Beds	135.70	135.70	135.70	135.70	135.70	127.20	118.80	110.30	100.00	100.00	100.00
Estimated 21+ Day Beds	145	132	137	111	129	114	126	119	98	113	99
Long Stay(21+ Day) Rate	21.8 %	21.0 %	21.1 %	18.8 %	20.9 %	19.0 %	20.3 %	18.2 %	16.3 %	17.1 %	17.0 %

Obstetrics:

- 1x maternal death has been reported in January. Year to date the trust reported 4x maternal deaths.
- C-Sections in January at 22.3% achieving against target of 25%; year to date at 26% just above the target and well within the tolerance.
- Adjusted Perinatal Mortality Rate (per 1000 babies) year to date coming down to 5.96 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 0.69% in January, year to date this is at 1.49% against a target of 10% hence well within threshold
- Stillbirth rate per 1000 babies is at 2.3, and zero neonatal death rate in January.
- Breastfeeding initiation continues to routinely deliver and is 78% at January and 76% 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).
- The performance in January 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 January there were 4 total patients eligible for thrombolysis and 3 patients breached due to clinical reasons (25% delivery).
- Admissions to Stroke Ward within 4 hours remain under pressure delivering at 60.3% being admitted to the stroke ward in this timeframe; year to date below the target at 66% versus target of 80%;
- Patients receiving CT Scans within 24 hrs of presentation delivery in month of January at 98.3% meeting the 95% monthly standard consistently.
- Patients receiving CT Scans within 1hr of presentation is at 72.4% in January against the target of 50%; consistently meeting performance.

- TIA (High Risk) Treatment <24 Hours from receipt of referral is 94.1% in January vs target of 70%
- TIA (Low Risk) Treatment <7 days from receipt of referral is at 97.4% in January vs target of 75%. Both TIA indicators deliver routinely to standard.
- For January 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 January and consistently for a number of years.

Workforce :

- Mandatory Training improving in January to 91.2% from 86.4% against target of 95%;
- Health & Safety related training is below the 95% target at 93.8%.
- 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%
- January sickness rate in month at 5.73%. (December sickness rate at 5.33%). Not too dissimilar to last year same month at 5.29%. Cumulative rate at 4.65% vs the 3% trust target.
- January Return to work interviews not reported at 87.2% against the target of 95%
- On boarding of new starters in January was at 87.5%
- Flu vaccination remains at 83.7% of all front-line staff being vaccinated.
- Qualified nursing vacancy rate is at 13% in January increasing from 12.1% in December.
- Qualified nursing turnover rate is at 12.4% for January against the target of 10.7%.

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 124 for SWBH and still outside statistical confidence limits. There is ongoing Trust scrutiny and oversight of mortality statistics at the Executive Quality Committee. Revised HES data is expected in April, following the re-submission of data in January upon which we would expect to see a reduction in our mortality figure HSMR.
- 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 110 for the latest period, which is October 2018, and hence not moving significantly in the right direction although somewhat reduced from previous weekend rates reported. Weekday rate is at 100.
- Mortality reviews in the Trust are steadily improving with the introduction of medical examiner process and are at 79% for November (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 January we reported cancellations on the day of 36 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. In January we missed therefore the national target as above the 'tolerance' level and we report 0.9% late cancellations on the day against elective admissions.

- 18/36 were avoidable (50%).
- There were nil 28 Day breaches in month and no urgent cancellations in the month.
- Theatre in-session utilisation is significantly below target of 85%, at 72.2% in December and whilst some specialities have increased utilisations others are still much lower than the target. Each speciality had 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 January is also lower than usual, at 78.2%; the aim should be to get in-session utilisation to same levels as running outside sessional time may impact on other, subsequent theatre sessions.
- Changes to the 'utilisation counts' have been requested by the Theatre Board to exclude the 'procedural units'. This has been actioned for Oral procedural unit in January; later exclusions to follow for Dermatology and Pain Management as per Theatre Board guidance. These will now appear in the IQPR as a new indicator 'Procedural Unit – In-Session and Overall Utilisation'.
- Performance for the procedural units in January was as follows: Oral procedural unit utilisation for January was at 71.9%. Dermatology at 59.7% and Pain Management at 85.7%

Data Completeness:

1. Open Referrals without Future Activity/ Waiting List Requiring Validation have increased to ~189,000 in January. A recovery process was agreed at PMC, but it is yet to be implemented.
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.
3. Our data quality kitemark review is presently behind plan but is working towards completion by the end of April 2019, seven days before the original plan.

Performance Notices & IBNs :

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

1. A&E : 4 hour breaches
2. Diagnostics – delivery of DM01
3. 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. This has not met the anticipated performance and CCG are planning on discussing with the service.