

Report Title:	Integrated Quality & Performance Report – February 2019				
Sponsoring Executive:	Dave Baker, Director of Partnerships and Innovation				
Report Author:	Yasmina Gainer, Head of Performance and Costing				
Meeting:	Public Trust Board	Date	4 th April 2019		
1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on]</i>					
<ul style="list-style-type: none"> Emergency care improves to 82.26% vs 78.04%. Complimented by March performance to 15/3 of 87%. Diagnostic waits target (DMO1) delivered 99.56% in February achieving for the 99% standard for the second consecutive month. Cancer standards are expected to deliver again the full Q4, as per previous quarters this year. RTT indicates another successful month at delivery of 92.9%. Specialities now not achieving 92% are down to 3; 1x Incomplete 52 week breach in Ophthalmology (admin error); 83 falls in month, 2x with serious harm. Both are being investigated as serious incidents. Neutropenic Sepsis delivering at 77.5% within the 1 hr treatment (9/40 breaches with one long delay and 8 shorter delays), average door to needle time of 50 minutes (increasing). Cancellations on the day have increased to 39 in February vs internal target of 20; At 52.1% admissions to the stroke ward within 4 hours fails the 80% target for the seventh consecutive month meaning that it becomes a new persistent red. 					
Beyond this we might note:					
<ul style="list-style-type: none"> Readmissions reducing to 7.9% in February from 8.9% in January. MSA breaches reduces from 1123 in January to 229 in February 7x Serious incidents reported in February 2C4 pressure ulcers in Community (subject to table top review validation) Having achieved target of <100 beds occupied by patients having LoS>21 days we have increased to 130 					
2. Alignment to 2020 Vision <i>[indicate with an 'X' which Plan this paper supports]</i>					
Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other <i>[specify in the paper]</i>	
3. Previous consideration <i>[where has this paper been previously discussed?]</i>					
OMC, PMC, Q&S					
4. Recommendation(s)					
The Board is asked to:					
a.	Note February performance.				
b.	Assure plans are in progress to address under-performance				
5.					
Trust Risk Register		n/a			
Board Assurance Framework		n/a			
Equality Impact Assessment	Is this required?	Y		N	X
Quality Impact Assessment	Is this required?	Y		N	X
					If 'Y' date completed
					If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 4th April 2019

Integrated Quality & Performance Report (IQPR): February 2019

1. Introduction

1.1 Overall Performance

Emergency Care, whilst still remaining the most significant Trust outlier as at February, is showing significant improvement to previous months. Intensive focus and recovery plans being progressed and overseen at Board level. March daily performance so far is showing further improvements from February reporting and at mid-month point we are showing a performance nearer to 87%.

Cancer standards are all meeting and despite a tight 62 day delivery, the Trust is aiming to achieve the Q4 standard, completing achievement of all quarters in the year.

Despite performance hotspots, February performance, across many indicators, is still routinely delivering.

1.2 Noting other under-performance in February

- Cancellations have increased steadily over the last 4 months to 39 in February. We have now missed the target of 20 for the last 3 months meaning that this indicator returns to being a persistent red.
- 21+ LOS patients have increased during January and February above the 100 nominal beds target with 130 patients being affected. Unclear, at this stage whether this is driven by clinical need or social care issues.
- Neutropenic sepsis reporting at 77.5% having had 9 breaches of the total 40 patients in the month of February. 8 out of the 9 breaches are within 3-32 minutes above the hour, 1x breach was 3hrs7mins impacted by a number of factors; average treatment administration time is at 50 minutes rising from previous 41 minutes against the 60 minutes target.
- Sickness remains high but has fallen from January reflecting a seasonal effect.

1.3 Achievements to note in February

- Diagnostics sustaining recovery to standard of 99%.
- VTE sustaining standard at 95.1%
- Reduction in MSA breaches from 1123 to 229 – see Appendix A
- Readmissions reducing to 7.9% from January's 8.9% bringing it back in line with prior performance.

2. IQPR Persistent Reds

- Where performance has been recovered, as shown below, we have managed to sustain it well although a third month's slippage is noted against the cancellations indicator, which as per rules set, this indicator is now back to the persistent red focus.
- Diagnostics, has now achieved the standard for the second month in a row.
- Some indicators where delivery by end of March 2019 now seems unlikely are set to be reviewed at the March PMC which will look at delivery dates and performance targets. These are summarised in the bottom of the table.

Status	<u>23</u>	Indicator <i>Note: Some are grouped and are in fact two or more separate indicators</i>	Standard to be Achieved	Delivery Expected
Resolved so far	8	<ul style="list-style-type: none"> • WHO Safer Surgery • Early Booking Assessment; • Patient Safety Thermometer (to 95%); • Cancellations (20pm) • Cancellations as %age of elective admissions • PDR (to 95%) at 98.4% • Medical Appraisal (to upper quartile) • Unplanned A&E re-attendances; 	100% 85% 95% 20 0.8% 95% 90% 5%	Slipped Slipped
Achieved 2 mths	1	<ul style="list-style-type: none"> • Diagnostics Imaging 	99%	Jan2019
Working towards target improvement plans	1	<ul style="list-style-type: none"> • Mortality Reviews within 42 day are progressing speedily with the introduction of the new medical examiner process – 75% in Dec 	90%	Dec 19
Remaining Plans	14	<ul style="list-style-type: none"> • Mandatory Training (to 95%) at 90% in Feb • Sickness Absence Rate / Sickness Absence cases • Nursing Turnover (Qualified Only) • Treatment Functions below 92% RTT • Patients Waiting >52 weeks • In-Session Theatre Utilisation • Open Referrals (clear existing) • Neck of Femur - 85% to surgery within 36 hours • Patient Bed Moves • Falls - establishing a more robust way of measuring falls performance; • FFT Score & Responses, a revision of targets • Neutropenic Sepsis • Return to work interviews • Admissions to stroke ward in 4 hours 	95% 3% 10.7% 92% 0 85% Jan19 85% 0 TBC TBC TBC 100% 95% 80%	April 19 March 20 TBC April 19 TBC TBC May 19 TBC TBC TBC TBC TBC TBC TBC

3. Key IQPR Summary for February 2018-19 (Month 11)

3.1 Infection Control

- 2x CDiff case in February, performing very well against this standard with year to date position of 13 cases against the year to date target of 27. Over-achieving against the annual ceiling of 29 by the end of March.
- No MRSA post 48hr unavoidable infection cases were reported in February, with 1x confirmed year to date.
- February MRSA screening target at Trust level for elective patients has achieved the current 80% target delivering at 86% in month and 86.4% year to date. The IC lead has confirmed a review of patients being screened and advice on the appropriate threshold revision from the current 80%. Non-elective screening has delivered at 84.5% against the 80% target, but as highlighted this target is under review.
- MSSA Bacteraemia (rate per 100,000 bed days) February year to date rate is at 6.8 compared to target of 9.42.

3.2 Harm Free Care

- Achievement of 100% target against the WHO Safer Surgery continued into February.
- Safety Thermometer at 98.9% in February against the 95% target, reporting 'new harm' only caused by SWB.
- VTE assessments having recovered to standard in January at 95.8% sustained in February delivering at 95.1% just above the 95% standard. Assessment units remain the single biggest areas where assessments are missed. In February there were 363 assessments missed.
- In February the trust reports 67 Pressure Ulcers Acquired in Hospital, as per the 'new count basis' following national guidelines, which take effect in 1st April 2019. On that basis, in February we reported 33x PUs in the acute hospital setting (resulting in 1.6 rate per 1,000 occupied bed days) and rated mainly as grade C2; 34x PU case in the district community setting, which is showing 2x cases of C4 (subject to TTR). Pressure Ulcers presenting on admission to SWBH count was 99. The IQPR has been developed to take changes into account, but it is still subject to minor tweaks.
- In February we reported again a small reduction in the absolute number of falls which was at 83 with 2x falls with serious harm (40x with moderate harm and 41x with no harm). Both serious falls are routinely being investigated.
- 7x Serious incidents were reported in February.

3.3 Patient Experience: Friends & Family, Complaints and Mixed Sex Accommodation

- MSA breaches reduce to 229 for February; see Appendix A
- Friends & Family Test for February indicates a similar position to last month showing improvement against the IP response rate at 23% with a score to 'likely recommend' at 92%. We are significantly behind OP and Maternity response rates, which in turn impacts the credibility of their scores received. Improvements are expected to materialise as we release a revised data set for OP/maternity.

- The No. of Active Complaints in the System (formal and link) is at 170 in February. The rate of formal complaints received per 1,000 bed days is 2.3. 100% have been acknowledged within the 3 days turnaround time from receipt; and 19% of complaint responses have exceeded their target response time.

3.4 Referral to Treatment (RTT) and Diagnostics

- Both standards are performing well.
- RTT at 92.9% for February with 1x 52 week breach confirmed.
- Three specialities are yet to reach the 92% in isolation; Ophthalmology (91.8%), Plastics & Gynae (91.3%); Cardiology recovering to 92.2% and Dermatology back to 92.7% in February, which is a great result for the specialities.
- The waiting list is at 34,221 patients (34,909 in January and (36,913 in December) as at February, reducing for the last three months (March 2019 trajectory at 33,778 source: Jan Board paper).
- Total backlog, over 18 weeks, is at 2,424 in February (2,582 last month).
- Acute Diagnostics (DM01) reporting at 99.56% in February sustaining the recovered standard of 99% for a second month running.

3.5 Cancer

- Cancer performance reports one month in arrears to allow cancer network validations to take place; we report therefore the January validated position.
- Looking forward to the end of March (Q4) 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 January; overall resulting in the 62 day performance of just under the 85% delivering at 84.7%. It is the shared breaches that are pushing us over the target.
- 2.0 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. We are reporting 88% vs 90% target.
- 87% of tertiary referrals were met within the 38 days requirement in January, a significant improvement so far, clearly required to improve further in view of these timescales being further shortened.
- Neutropenic sepsis in February reports delivery at 77.5% with 31/40 patients treated within the hour. 9x patients breached due to a number of different reasons. The longest delay was 3hr7mins (~3 hours to see the doctor, ~30 mins to prescribe antibiotic and ~50 mins to administer), other 8 delays were all between 3-32 minutes. All breaches are RCAed at the time and subject to a full review at a Breach Meeting. The Door to Needle time in February increased from last month's average of 41 minutes to 50 minutes in February compared to the 60 minutes requirement.

3.6 Emergency Care (EC) and Patient Flow

- EC performance for February reported at 82.26% (78.04% last month), with 3,006 (3,963 last month) breaches against 16,949 (18,042 attendances last month). A considerable improvement to previous months, with March daily performance improving further. Currently in March we are reporting c87% performance.
- Emergency Care Timeliness - Time to Initial Assessment (95th centile) is routinely met within 15 minutes targets, at 13 in month and 14 year to date as at February.
- Emergency Care Patient Impact - Unplanned Re-attendance Rate has reduced to 4.85% in the month of February and year to date at 4.82% keeping below the 5% target.
- Emergency Care Patient Impact - Left Department Without Being Seen Rate is at 7.2% year to date and 7.02% in February 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 not treating patients who leave the department as re-attendances).
- DTOCs are holding up to previous levels and in February the trust reports 2.1% year to date against the 3.5% target.
- WMAS handovers between 30-60 minutes are down compared to last month at 160 (168 last month) with 8 patients breaching the >60 minutes handover target; giving us a 0.18% (0.15% YTD) performance against all ambulance conveyances, the national target being 0.02%. The levels of total ambulance conveyances have been high in February dropping to 4,372 (4,835 in January, 4,872 in December, 4,579 in November and 4,622 in October), but still high and hence above 0.02% target seems unrealistic in light of this.
- Fractured Neck of Femur Best Practice Tariff (surgery within 36 hours) delivery for February at 80% 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 February is at 57 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, which has been achieved with 98 nominal beds being occupied. January onwards a target of 100 beds per month has been agreed for this patient cohort equivalent bed count. The number of bed-days has increased in January and February compared to this the new target. Summary table below showing the trust position as at February.
- Our actual number of patients are 130 (excl paed and maternity) against the 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	Mar 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	100.00
Estimated 21+ Day Beds	145	132	137	111	129	114	126	119	98	113	131	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 %	20.0 %	16.5 %

March not a complete month.

3.7 Obstetrics

- C-Sections in February increased to 28.3% against target of 25%; year to date at 26.2% just above the target and well within the tolerance.
- Adjusted Perinatal Mortality Rate (per 1000 babies) year to date coming down to 5.89 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 0.25% in February, year to date this is at 1.39% against a target of 10% hence well within threshold
- Stillbirth rate per 1,000 babies is at 2.5; 2.5 neonatal death rate in February.
- Breastfeeding initiation continues to routinely deliver and is 76.5% at February against the 74% target; year to date at 77%.

3.8 Stroke & Cardiology

- At this stage in the month the IQPR reports the WD5 position (not post-validated WD20 position).
- The performance in February 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, which are RCAed routinely and managed; in February there were 3 patients eligible for thrombolysis with 1 patient breaching due to clinical reasons and significant management in ED; performance in February therefore reported at 66.7%.
- Admissions to Stroke Ward within 4 hours remain under pressure delivering 52.1% of patients being admitted to the stroke ward in this timeframe; year to date below the target at 66% versus target of 80%. This has now missed the target for 7 consecutive months and will now become a persistent red.
- Patients receiving CT Scans within 24 hrs of presentation delivery in month of February at 97.9% meeting the 95% monthly standard consistently.
- Patients receiving CT Scans within 1hr of presentation is at 64.4% in February against the target of 50%; consistently meeting performance.
- TIA (High Risk) Treatment <24 Hours from receipt of referral is 100% in February vs target of 70%
- TIA (Low Risk) Treatment <7 days from receipt of referral is at 93.8% in February vs target of 75%. Both TIA indicators deliver routinely to standard.
- For February Primary Angioplasty Door to balloon time (<90 minutes) we are meeting the target of 80% at 92.3% delivery. Primary Angioplasty Call to balloon time (<150 minutes) at 92% vs 80% target. Both are consistently delivering.
- Rapid Access Chest Pain - seen within 14 days consistently delivering at 100%.

3.9 Mortality

- Mortality indicators are in line with confidence limits against most of the mortality indicators, other than HSMR which is currently reported (Oct18 – 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.

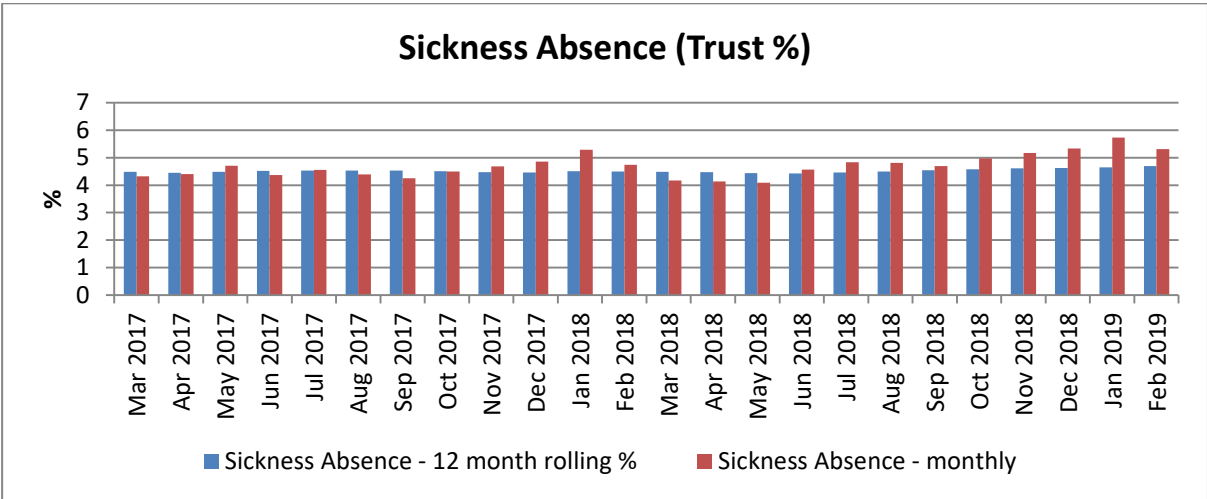
- A report was commissioned with HED, analytics provider, which concluded: Sandwell General Hospital is a statistically significant HSMR outlier.
- Divergence between weekday and weekend rates still persists especially on the Sandwell site weekend mortality; the weekend RAMI rate reports at 109 for the latest period, which is November 2018, and hence not moving significantly in the right direction although somewhat reduced from previous weekend rates reported. Weekday rate is at 100.
- 149 deaths were reported in January with a crude in-hospital mortality rate of 1.4.
- Deaths in Low Risk Diagnosis Groups (RAMI) – in-month have increased to 105 (November).
- Mortality reviews in the Trust are steadily improving with the introduction of medical examiner process and are at 75% for December (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.
- Readmission rates improving in February to 7.9% more in line with previous months following a sharp increase to 8.9% in January.

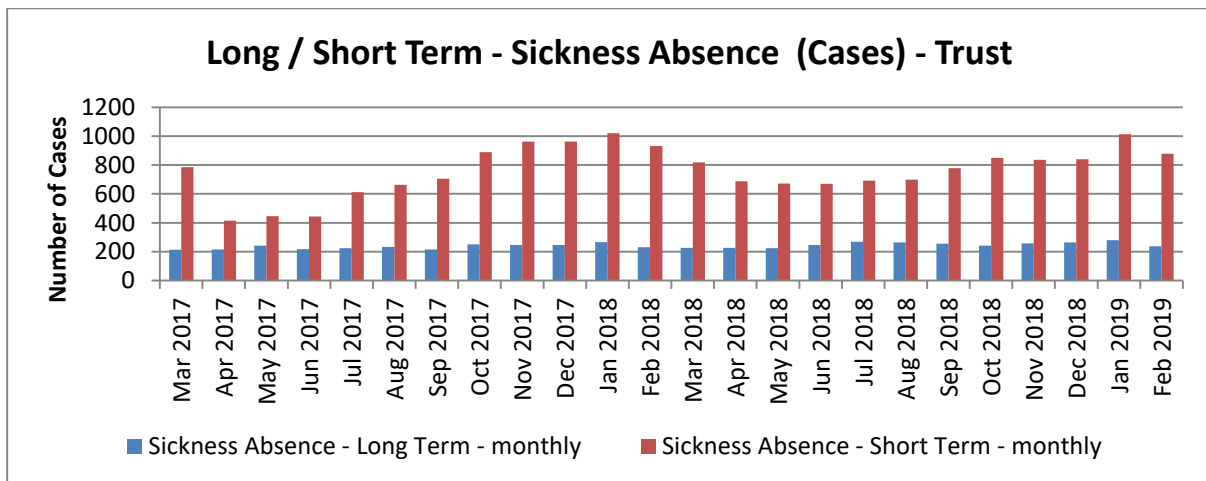
3.10 Cancellations and Theatre Utilisation

- We observe a worsening of the cancellation rates in the last 3 months.
- In February we reported cancellations on the day of 39 against the internal trust target of 20, but a tolerance of up to c27 in order to meet national targets of 0.8% counting late cancellations on the day against elective admissions. In February we missed therefore the national target as above the 'tolerance' level and we report 1.0% late cancellations on the day against elective admissions.
- 7/39 were avoidable (18%) this month, this is lower than for a long period of time.
- There were nil 28 Day breaches and urgent cancellations in the month.
- Theatre in-session utilisation is significantly below target of 85%, at 75.3% in February and whilst some specialities have increased utilisations others are still much lower than the target. There are only 2 specialties which have delivered on or above 85%. Each speciality had a target for improvement and the persistent red trajectory commits to all specialities meeting 85% by March 2019, which we need to review.
- Overall session utilisation (outside routine session timings) for February is at 81.7%; the aim should be to get in-session utilisation to same levels as running outside sessional time may impact on other, subsequent theatre sessions and can be costly.
- Changes to the 'utilisation counts' have been requested by the Theatre Board to exclude the 'procedural units'. This has been actioned for Oral and Dermatology in February. Later exclusions to follow for Pain Management as per Theatre Board guidance. These now appears in the IQPR as a new indicator 'Procedural Unit – In-Session and Overall Utilisation'.
- Performance for the procedural units in February (in-session) was as follows: Oral procedural unit utilisation for February was at 63.4%. Dermatology at 62.3% and Pain Management at 93.4%

3.11 Workforce

- Mandatory Training improving again slightly in February to 91.8% against target of 95%; in March reporting.
- Health & Safety related training is below the 95% target at 94.7% being close to the standard in February.
- 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. Measured only quarterly in this year, going to annual measurement in 19/20.
- Medical appraisals are at 90% against the target of 90%
- February sickness rate in month at 5.31%. (January sickness rate at 5.73%); last year, February at 4.7%. Cumulative February rate at 4.70% vs the 3% trust target. From graph 1 below we can see that whilst there appears to be seasonal variation, it is possible to observe an increase in 18-19 in the sickness absence rate. Graph 2 shows the number of cases.
- February Return to work interviews reported at 83.9% against the target of 95%; cumulative performance at 86.3%.
- On boarding of new starters in February was not reported as yet (Jan at 87.5%).
- Flu vaccination closes the vaccination period at 83.7% for the year (vaccination count of all front-line staff).
- Qualified nursing vacancy rate is at 12.4% in February reducing slightly from January's 13%.
- Qualified nursing turnover rate is at 12.2% for February against the target of 10.7%





3.12 Data Completeness

- Open Referrals without Future Activity/ Waiting List Requiring Validation have increased to ~193,000 in February. A recovery process was agreed at PMC, but it is yet to be implemented.
- 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 97.3% compared to the target of 99%. The Head of Information is reviewing short-falls.
- Our data quality kitemark review is progressing field-work towards completion by the end of April 2019; Executive sign off meetings will be organised over the next weeks.

3.12 Performance Notices (PNs) & Information Breaches Notices (IBNs)

The CCG has issued PNs for the following performance areas:

- A&E : 4 hour breaches
- Diagnostics – delivery of DM01 - delivered for the last two months above 99% standard
- 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. At Feb19, this indicator has not improved as expected, and CCG are planning to discuss with the service; at February at 83% vs 90% target.

4. Recommendations

4.1 The Board is asked to:

- a. Note the February position and recognise some positive progress made.
- b. Assure itself of plans being in place to address under-performance.

Yasmina Gainer
Head of Performance & Costing

15th March 2019